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EDITORIALS

STANDING ORDERS

Recently, on a visit to a city in the East, the executive director of the public health nursing service remarked with pride that the medical advisory committee had approved the standing orders for the nurses "years ago" and she had never had the slightest trouble about them. On inquiry, "years ago" proved to be five years ago. How long should "standing orders" stand? How many new physicians had come to town in those years who had never heard of standing orders; how many of the personnel on the medical advisory committee had changed; how far may scientific knowledge have advanced suggesting newer, perhaps simpler procedures; how may medical opinion as to what treatments nurses should render pending the orders of a physician have altered? All of these considerations, as well as the educational value to the committee and nursing staff in reviewing standing orders, would seem to make it desirable to ask medical advisory committees to approve standing orders yearly or at most biennially.

The National Organization for Public Health Nursing has issued *suggested* standing orders (see N.O.P.H.N. *Manual of Public Health Nursing*) for nurses carrying on bedside work, school nursing, and industrial nursing. It is not intended that these orders be put into practice without local medical approval. They are purely suggestions taken from approved orders successfully carried out by prominent agencies in the field. They may be used as a basic outline to be submitted to local medical advisory committees to alter or approve as they see fit, but they should not be adopted by nursing groups without local medical sanction.

Local medical opinion as to what the nurse may do in the absence of individual doctor's orders varies greatly. In one association, a low soapsuds enema is routine in cases of elevated temperature and absence of pain; in another the nurse's care in all cases is confined to "general care": T.P.R., bathing, making comfortable, and first aid in emergencies. It is important to ascertain regularly the opinion of the medical group on these points.

It is everywhere understood that standing orders are only for nurses to use pending the arrival of a physician or his definite orders, and that all nursing care is discontinued if no physician has been called at the time of the nurse's second visit. Also, it is always assumed

that every effort first is made to get in touch with the family physician and that general standing orders are only used on a visit when this has been impossible.

Up-to-date standing orders also have other very valuable aspects. Fundamentally the purpose of standing orders —as of everything we do—is to assure the best possible care for the patient, and to safeguard him from actual harm. Since certain conditions call for specific treatments and may be aggravated by the wrong treatment, it is not for the nurse to make any decision which predicates a diagnosis. Of course there is always the problem of the emergency which calls for first aid treatment and the nursing agency must be protected medically in these instances. Therefore, the nurse who follows only those standing orders permitted by the recognized medical body in the community is safeguarding her patient, herself, her organization and her profession and is legally within her bounds as a nurse. The medical group will stand back of the nurse who has followed orders; it cannot and should not vouch for the nurse who has treated a patient for an undiagnosed condition without the sanction of a physician. Frequently in small communities with medical care at a distance, nurses are faced with a special problem. In such communities, besides general standing orders and obtaining the individual doctor's ratification after emergent measures, it is wise to secure from each physician a list of his own standing orders and keep them on hand in a notebook. The physician should actually write out these orders and sign them and the original copy should be filed in the nurse's office. These individual orders are particularly helpful to have on hand in the case of postpartum patients where the same simple questions arise again and again and each physician has a preferred treatment. In fact, some agencies no longer have general standing orders, using only the standing orders of individual doctors for their own patients, except for emergencies calling for first aid and for those patients who come under the care of the city physician or his equivalent, or who have no family physician. In these instances some general medical authority must assume responsibility until a doctor takes charge of the case.

A WIDENING FIELD OF OPPORTUNITY

Colleges and normal schools are becoming aware that a very fundamental function of a good educational institution is to offer instruction and training in sound health habits. It seems a little surprising that the awareness of this obligation and opportunity has come so slowly—especially to colleges. Health supervision and instruction are accepted parts of the program in the grade schools, as the five thousand or more school nurses and school doctors attest, and in many high schools both informal and formal instruction is given. In college, however, beyond the necessary care during illness and a more or less routine examination by the college physician on entrance and as preparation for athletics, formal health instruction throughout the course has not been the responsibility of a well-prepared specialist, nor have many colleges planned what might be called an informal health program for students. Lectures in hygiene are required during freshman year in nearly all colleges, but their application is quite a haphazard matter.

Normal schools, since they are preparing teachers who will have to assume considerable responsibility for the health supervision and instruction of their pupils, have been more progressive in this field and it is not unusual to find a well-prepared public health nurse with an advanced academic degree qualifying for a place on the faculty. She presents formal courses, integrates health instruction in courses in allied fields, and takes an active part as a demonstrator of health in practice schools, group classes and the health office.

In general what opportunities to teach healthful habits and fundamental health facts do colleges and normal schools offer? Should the teaching be formal or informal? What qualifications should

the teacher have? Is this not an ideal field for the well-prepared public health nurse with an academic degree?

All of these questions have interested us, and we present in this number three articles* describing programs and situations which we hope will be enlightening and helpful to those wishing to know more about the field. In this we have three purposes in view—to give ammunition to those planning constructive programs of health supervision in colleges and normal schools, to arouse the interest of well prepared public health nurses in this promising field of advanced work, and to incite other nurses holding similar positions in schools and colleges to describe any variations in their programs for publication in this magazine. In view of the Conference on College Hygiene to be held in Washington, D. C., in 1936,** in which the N.O.P.H.N. is taking part, it seems fitting to place this material in the hands of our readers to use as constructively as they can in their own communities.

IMMUNIZE NOW—STAMP OUT DIPHTHERIA

Diphtheria immunization has been chosen by the May Day Committee of the State and Provincial Health Authorities of North America as the May Day-Child Health Day project for 1935. It was chosen because there has been practically no reduction since 1930 in the number of deaths from diphtheria throughout the United States. Some states have accomplished a marked reduction in the number of deaths, hence it follows that others have a proportionate increase, indicating that the proven method of prevention has not been satisfactorily applied.

Believing that immunization should be the work of the private physicians, and in order to obtain the coöperation of physicians in this work, the suggestion has been made to each state health officer in the United States that he send a communication to each physician in his state urging:

That he remind his patients who have children under school age of the need for immunization

That he ask his patients to bring their children to be immunized

That he make it a routine of his practice in the future to immunize, during the first year of life, all babies under his care.

Even with certain states nearing the goal of no deaths from diphtheria, the health officers who have been heard from have responded enthusiastically to this suggestion. Officers of the United States Children's Bureau, the United States Public Health Service, the American Academy of Pediatrics, and the American Pediatric Society promised that those organizations will coöperate.

The objective of the plan is to immunize all children between the ages of six months and six years, and to maintain this as a continuing service. Concerted action by State Departments of Health, the medical profession, and parents should make the accomplishment of this objective possible. Public health nurses can assist in getting information on the need for immunization to parents in all communities and to urge them to act without delay.

Since the entire plan is based upon the coöperation of Departments of Public Health and the medical profession, *both should be consulted* in any community plans for diphtheria immunization.

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*Pages 180, 193, 205.

**The first national conference was held in May, 1931, in Syracuse, N. Y. The proceedings have been published and may be secured from the National Tuberculosis Association, 50 West Fiftieth Street, New York, N. Y.

The Rôle of the Nurse in a College Health Program

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SOME years ago an educator said, "One of the fundamental objectives of higher education is to develop the ability of an individual to live a more useful, effective and happy life." Health is considered an important primary factor in the obtaining of this objective, and for this reason colleges have increasingly assumed the responsibility of "protecting the health of students and educating them in scientific health conservation." A five-year study at the University of Illinois shows a decreasing sickness rate among students and decreasing time spent in hospital through earlier attention to illness. Credit for this is given to the University Health Service and to the gradual acquiring of health knowledge and means of prevention of illness by students.

STUDYING COLLEGE PROGRAMS

The questions arise, To what extent are nurses contributing to these health programs in educational institutions and what should be their qualifications for participating in such a program? It is generally assumed that the services given by nurses in college health work are limited to bedside care of ill students in an infirmary. Literature on this subject does reveal a very few exceptions in which dormitory nurses' time and efforts are described as being given to building a positive health program through talks on hygienic ways of living and in personal conferences with the students. Two other articles in this magazine (pages 193 and 205) discuss varying types of nursing service given in normal schools and show the increasing opportunities for the well-trained nurse to do educational and constructive health work.

With a view to discovering the nature of the activities of nurses in college health programs, a study* was made of the health services in a number of selected colleges and student residences which have a recognized health program. The colleges chosen for study vary as to size, type of education, and students (men or women, graduate or undergraduate). Some are under State and some under private administration, and they include liberal arts colleges for men and women, a State college (co-educational), a junior college for girls, a State teachers college, a school of nursing and residences for graduate men and women students. In each case a visit was made to the college and a personal interview held with the director of the health service.

The number of health services studied was limited to eleven. It is, therefore, impossible from this study to draw conclusions regarding nursing in colleges in general. Some of the possibilities and the limitations in this branch of nursing are indicated, however, by the data summarized from this study.

GENERAL ORGANIZATION OF HEALTH SERVICES

The organization of a college health service and the breadth of its program depend very largely on the attitude of the administration towards this phase of education and the funds at the disposal of the college for providing adequate personnel. Wide differences in the proportionate number of medical and nursing personnel to the student body were found to exist in different institutions—for example, in two colleges, each with an approximate enrollment of 1,200 students, one maintained a health staff of four full-time physicians and eight nurses while the other provided only

*Miss Moorhouse undertook this study as a part of her course at Teachers College, Columbia University.—*The Editors.*

one physician and one nurse. Obviously there is a wide difference in the type of health program possible under such varying conditions. Table 1 shows the number of students in different institutions with corresponding medical and nursing personnel available for each.

TABLE 1. RATIO OF HEALTH SERVICE PERSONNEL TO STUDENTS

Institution	No. Students	Medical Personnel			Nursing Personnel	
		R. F. T.	F. T. (non-R.)	P. T. (non-R.)	F. T.	P. T.
A	1,200	4			8	
B	2,000	5			10	
C	1,000	2		1	3	
D	600			1	2	
E	750		1		2	
F	350			1	2	
G	475			1	3	1
H	160			1	1	
I	250			1	2	
J	1,300		1		1	
K	500				1	2

R. F. T.—Resident Full-Time. P. T.—Part-Time.

SCOPE OF HEALTH SERVICE PROGRAMS

The scope of the health program in the various colleges and residences visited may be indicated by three main headings:

Care of the sick
Prevention of illness and promotion of health of students in college
Preparation of students for healthful living throughout life by means of:
  Lecture courses in personal and community hygiene
  The development of correct attitudes, ideals and health habits.

The health services studied fall roughly into three groups when classified according to the activities of the nursing personnel in the program. Some type of care for ill students who are confined to bed was found to be provided by all the college health services. The extent of care given varied according to the facilities and staff available in different institutions.

Group I: In the first group where there is a staff of full-time college physicians, the activities of the nurses consist in carrying out physicians' instructions in treatments, bedside care in the infirmary and in assisting the physician in routine office work.

The nurse in charge of a college infirmary supervises the general housekeeping and work of maids as well as the nursing. She is responsible for the ordering of all infirmary supplies (medicines, equipment, food). She supervises the planning of menus and in most cases also gives some bedside nursing care. Obviously, a proportion of her time is given to duties for which the professional training of a nurse is not required.

Where the nursing personnel is limited, as in the case of one nurse in a college of 1,300 students, her duties are extremely strenuous during the greater part of the year. This nurse was giving complete bedside care, day and night, to all students with a temperature of 100 degrees and over (assistance is provided when the number of bed patients exceeds six), she takes all night emergency calls, she serves the trays, keeps all infirmary records, and is entirely responsible for the cleaning of the infirmary.

In this group of colleges all contacts between the health service and other departments of the college are made by the physicians. Hence the nurses' relationships in the college are only with the students who are admitted to the infirmary.

Group II: In the second group the responsibilities and activities of the nurses were found to vary considerably. The health of students was under direct medical supervision, but in this group the medical staff was limited. In no case was the college physician resident and in most cases employed only part

time. A nurse was responsible for first aid and minor treatments and for reporting all serious illnesses to the physician who either visited the infirmary for a short time each day or came only when called to visit particular cases.

A limited amount of health teaching is done by the nurses in this group. In one school the health nurse who is in charge of the infirmary emphasizes the preventive aspect of health through individual conferences with each student on admission to the school, when the aims and facilities of the university health department are explained, the general rules of health which should be observed in daily life are stressed, as well as the importance of early reporting of any ill symptoms.

Group III: In the third group a nurse is in charge of the health service and to the extent of her ability advises students in health matters, referring them to private physicians and clinics for medical care. The nurse in each case appeared to have the full confidence of the physicians thus associated with these services. When it seemed advisable the doctors followed cases and gave advice by telephone to the nurse in charge, thereby saving the student the extra expense of several professional calls.

In this group of institutions the nurses, through individual contacts with students, have a good opportunity to teach sound health habits. In various ways they have built up an educational program which fits the needs of their groups. In the case of a fairly small group of undergraduate students, the nurse, after becoming familiar with the report of the physician's physical examination, has a conference with each student when she learns the health history and thereby gains a more complete understanding of the entire health status (physical, emotional, and mental) of the student. This health conference is repeated in the middle of the year and again before the student leaves for summer vacation. These conferences present an opportunity to discuss with the student not only the correction of physical defects but any health problems. They may be utilized to help students plan programs (academic and recreational) in accordance with individual needs. The findings of these individual conferences may also be of value in planning a program for group teaching of hygiene and health.

If students have confidence in the person who is advising them they usually come very freely to discuss their health problems and ask for advice. These problems very frequently include emotional maladjustments of some sort. In some cases the nurse may be able to give the necessary help and she uses her judgment as to when it is necessary to refer to a specialist in these problems.

At the time the interviews were held no group teaching was being done by a nurse in these colleges, but in one case plans were being made to organize groups for discussion of various health topics during the next school year.

Health education is further being carried on by Group III through the use of authoritative health literature. One nurse, in a residence for graduate students, constantly uses a bulletin board for posting health information and feels that she is adequately rewarded for her efforts by the interest shown by the students, who frequently come for further discussion and information regarding the posted material. Some students are reached in this way who would not otherwise be interested in their health. This material, gathered from authoritative sources, such as State or Federal departments and recognized health organizations, covers such topics as diet and nutrition, with charts showing values of individual foods, value of regular health examinations, prevention of illness through general hygienic care and habits, etc. *Hygeia* magazine is available in the office for students to read, and pamphlets on nutrition and other health topics are kept on hand for distribution.

In the colleges in which a nurse is the health director, she confers with faculty members regarding students' health problems which interfere with their academic achievements. In one case the nurse attends all faculty meetings and makes a definite contribution to a well-rounded picture of a student with information concerning physical and emo-

tional health gained from individual conferences and observation. Shortly after the opening of each semester the nurse discusses with each faculty member the five or six students to whom he acts as adviser and gives him a brief health inventory of each. Such conferences are repeated whenever any problem arises concerning a student's work or behavior.

Likewise there is in some cases, and should be in all, a close coöperation with the deans and personnel departments, since the nurse is in a position to make valuable contributions which aid in the guidance of students. Reports regarding ill students are made daily by the nurse to the deans and conferences held concerning the welfare of students.

A close coöperation between the health service and the physical education and recreational departments usually exists to the advantage of students. These departments can work together in the planning of physical activities to fit the needs of individuals and in the correction of certain problems, such as dysmenorrhœa, overweight, and underweight. In some college residences the nurse works closely with the nutritionist, referring to her students who have dietary problems. Where special diets are required the nutritionist helps plan them and arrangements are made to have them served.

Supervision of the environment as it affects health is the responsibility of the nurse in charge of a health service.

QUALIFICATIONS OF NURSES AS FOUND IN THIS STUDY

In the institutions where the nurses' services are solely curative, *i. e.*, giving bedside care to ill students in an infirmary, the only required qualification is graduation from an accredited school of nursing. In two cases, however, an assistant infirmary nurse and an office nurse had had only two years of training. Some of the infirmary nurses had had institutional experience and many had done private duty. In each case, the nurse in charge of an infirmary in the larger colleges had had many years' experience in the college infirmary. In each case the medical director who was interviewed, considered that the nurses' qualifications were adequate. The infirmary nurses who were interviewed also considered that they had sufficient preparation for the type of work they were doing.

In colleges where the scope of the nurses' work was enlarged to include educational and advisory work with the students, their training and experience were, of necessity, wider. These nurses were graduates of nursing schools giving a course of a recognized high type, two of them having B.N. degrees. Most of them had taken additional courses in a graduate school; all of the nurses on the staff of the health service in a residence for graduate students were completing either bachelor's or master's degrees in nursing or health education. Two of the nurses doing advisory work were graduates also of a school of education and had had several years of teaching experience, while another had had teaching experience in a nursing school. Five had had experience in camp nursing. Of these nurses interviewed, all felt that they needed further training especially in nutrition, mental hygiene, and guidance work, and were making efforts to acquire it.

Among the standards for health programs suggested by Miss Mary Spencer in *Health Education for Teachers*, we find the statement: "Nurses engaged in health service in a professional school for teachers should be trained in the education field, with an A.B. or an A.M. degree in addition to their professional training," while qualifications for the instructors in health education included a very broad training in the basic sciences as well as in the theory and methods of adult education. In her study of teacher training institutions Miss Spencer reports that she found nurses as well as the other professional staff engaged in student health work lacking in training in the field of education.

Dr. T. A. Storey, in summarizing the qualifications of health educators, in his report, *The Status of Hygiene Programs in Institutions of Higher Learning in the United States*, says of the nurse: "The nurse is the product of a special cur-

riculum that prepares her primarily for sickbed and hospital service. . . . The typical training school curriculum does not equip the nurse for service as a teacher of hygiene or as a health adviser."

Since Dr. Storey's statement was published, some eight years ago, the curriculum in many schools of nursing has been greatly broadened. Moreover, many nurses have increased their knowledge still further in postgraduate study so that they can meet the requirements for health educational service.

It is desirable that the status of the nurse who is health adviser to college students should be on the level of other educators. This makes for better working relationships with both faculty members and students. Hence a bachelor's degree should be the minimum requirement of academic training, and a higher degree is desirable. College experience also helps the nurse to have a better understanding of student problems and insight into methods of solving them.

PROFESSIONAL QUALIFICATIONS

Professional preparation should include training in a Grade A school of nursing. A public health point of view, and if possible public health training and experience are desirable, since a large proportion of the work among college students is educational—giving them instruction in personal and community health matters which will equip them for living more healthfully. The background for this educational and preventive work should include foundation courses in the sciences of anatomy and physiology, chemistry, bacteriology, nutrition, and positive health. The health adviser is called upon for advice in social, mental and emotional problems. For this reason, some understanding of the techniques of guidance plus some knowledge of mental hygiene are essential. Teaching will inevitably be done, either formally to groups or individually in conferences. In either case knowledge of the methods and principles of teaching is helpful and any teaching experience is an excellent background.

The personal qualifications of the nurse who is health adviser to college students are an important factor. She should have, first of all, a wholesome and healthy appearance so that she radiates the qualities which she is trying to teach others to acquire. She must be approachable, friendly and courteous, maintaining the respect of the students. She must have a sympathetic understanding of the problems of other people, with a degree of self-assurance which will inspire the confidence of others in her. A sense of humor frequently aids in the working out of solutions of some problems. This nurse requires good judgment and an understanding of human beings; she must be able to appreciate a student's attitude and at the same time to size up situations in her own mind and make decisions. A vast amount of patience is required when one is dealing with different personalities. Much time frequently has to be spent in dispelling apprehensions about seemingly unimportant matters which, nevertheless, seem very real and large difficulties to the student. Executive ability is a necessary qualification in the person who is directing a health service, and experience in which the nurse has carried such responsibility is a valuable asset. The consensus of opinion of the people interviewed is that the most desirable age for the worker in this position is the period between 30 and 45 years.

HOURS OF WORK, SALARIES, VACATIONS

The remuneration of the nurses and the number of hours of work per week varied greatly in the group of colleges studied. The salaries of those carrying the greater responsibilities ranged from $2,000 with maintenance to $1,400 with maintenance for a nine months' year, or an equivalent amount where maintenance was not provided. The working week of this group averaged 45 to 50 hours. In residences where the infirmary was kept open during the entire year the nurses were allowed one month's vacation.

In most colleges of the first group, the year consisted of nine months' work.

Salaries of nurses in charge of an infirmary ranged from $1,200 to $1,500 with maintenance and of assistant nurses from $750 to $1,200 with maintenance. Time spent on duty each day varied considerably in different institutions. The hours of the nurse in charge frequently are indefinite. In one case her off-duty time (and that of her assistants) was reported to be one-half day a week and every third Sunday. In other infirmaries the working-day is ten hours with a free half-day a week and Sundays as they can be arranged.

In colleges where there is only one nurse in charge of an infirmary service she has to arrange free time according to the demands of her duties. This means that she cannot be away from the infirmary for more than a few hours and even this at very irregular times. In two instances where only one nurse was employed the vacation was two weeks per year.

LIVING QUARTERS AND SOCIAL OPPORTUNITIES

In six of the eleven college services visited the nurses lived in the infirmary building. In some instances their quarters were very attractive and comfortable, in others they were small and crowded. In four cases the nurses lived in the students' dormitory.

In the colleges where the nurses live in the infirmary and their duties are there entirely, they are quite isolated socially from the rest of the college. Their only contact with the student group is with those who are ill. In the remainder of the residences the nursing staff has an opportunity of knowing the students more thoroughly, through common social and intellectual interests, through meeting them in the dormitory and through health conferences with both well and ill students. Students are frequently willing to approach with their personal problems someone whom they know and in whom they have confidence. Knowing the student under all circumstances usually makes for better understanding of certain health problems. Opportunities for social relations with the students and other staff members contribute towards happier living conditions for the nurses and a feeling of belonging to the whole life of the college or residence rather than just the abnormal or sick part.

CONCLUSIONS AND RECOMMENDATIONS

In colleges where there is a large staff of full-time physicians who make all the contacts with students and who do all the health teaching, either individually or in groups, there does not appear to be an opportunity for nurses to engage in any type of service except bedside nursing. For the nurse who is contented with very limited professional opportunities, this type of nursing offers sufficient salary to cover current needs and a fairly comfortable place to live, although any social life within college circles except among members of the nursing staff is practically non-existent.

Before undertaking health advisory and educational work, a nurse should have a good professional training with a special background of sciences and public health, a knowledge of methods of teaching and at least a bachelor's degree in education.

It is recommended that a study upon a larger scale and including varying types of educational institutions in different parts of the country be undertaken in order to discover the extent of this field of work for nurses, the preparation of nurses already in the field, types of activities engaged in by nurses in this field, the qualifications demanded by educational institutions for health advisers, the remuneration for various types of nursing activities in educational institutions, incentives for nurses to improve their qualifications, standards for health programs in educational institutions, and the demand for nurses with high academic and professional qualifications in such institutions.

I believe that, with this information, qualified nurses could be more satisfactorily placed in suitable positions and a better type of health and nursing service could be offered to this type of institution.

When is a Person with a Venereal Disease Dangerous?*

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WHEN is a person with a venereal disease dangerous? A person with a venereal disease is always dangerous. He is dangerous to himself or to others, or to both. Before going into details, we must understand that this discussion is limited to gonorrhea and syphilis, as other diseases which may be classed as venereal diseases are relatively rare and of little importance to public health, with the exception that chancroid may be confused with primary syphilis.

The person infected with syphilis is dangerous to himself if he does not receive sufficient treatment in the early stage when it is relatively easy to cure the disease. If he does not continue treatment in the early stage until cured, he is still less likely to continue his treatment in the later stages, which require so many more years of treatment.

I will not go into the discussion of which cases of late syphilis do not require treatment, as I take the rather extreme position that nearly every person with syphilis should have treatment until cured. The only qualification I make is that the treatment shall not be worse than the disease. In extreme old age, it is hardly worth while to attempt to cure if the patient has only a few years to live, but certainly most cases up to the age of seventy should be treated.

Also this paper will not include details of the damage done by widespread scar tissue replacement of the functioning cells of the body all through the life of the infected individual. It is extremely rare for any syphilitic to reach old age without marked damage being done by the presence of the germs of syphilis. We know that a few such cases do occur, and many persons are seemingly in good health with a positive Wassermann. The germs of syphilis multiply in countless numbers and widespread minute damage is being done, even though the patient is not suffering acutely. A thorough examination will disclose more disabilities than appear on the surface. We know of the frequency of diseases of the heart among syphilitics, the damage done to the liver by chronic syphilis, the scleroses of the arteries, the frequency of softening of the brain, and locomotor ataxia, and the slight chance of anyone escaping these disabilities entirely without treatment.

The tragic results to women from gonococcus infection need no comment. Many pelvic operations on women could be avoided by early skillful treatment for gonorrhea.

My purpose, however, is to discuss not the danger of syphilis and gonorrhea to the infected person, but the danger to the community. Gonorrhea and syphilis are unlike in their infectivity and must be considered separately.

GONORRHEA

Gonorrhea is always infectious until cured, therefore, gonorrhea is always dangerous to the community until the patient is cured. The man with gonorrhea is most infectious during the first month or two because the discharge of pus at that time contains the greatest number of gonococci. At this time the germs are present in enormous numbers and are easily demonstrated with a microscope. The most dangerous period to others, however, usually is after the discharge has disappeared, because by that time the uninformed patient may think himself cured and he is more likely to expose others to infection. In the early stage, he not only knows he is

*Read at the New Jersey Conference of Social Work, Asbury Park, December 7, 1934.

infectious, but knows that sexual contacts are likely to cause him pain and harm. In the later stage he may not know or may not care that he is liable to infect others by genital contacts.

Another reason why the patient is dangerous in the period when his discharge ceases is that he may disappear from treatment. The physician may not have told him that he should consider himself as infectious in spite of negative tests until an arbitrary period of time has elapsed and that he should refrain from genital contacts. This arbitrary period I define as follows: "Until at least six months after all signs of disease noticeable to him have disappeared."

I believe that the man who has had gonorrhea should be told that, even when he is probably cured, he should not expose others to possible infection for six months after all signs or symptoms of any kind have disappeared. During this questionable period of six months after all symptoms and signs have disappeared, he probably will not remain continent. He should be told to wear a condom to protect his wife against possible infection if he is married. If he is unmarried, he should always wear a condom not only to protect others, but also to protect himself against further infection.

Women, like men, are most infectious in the early stage. Many prostitutes with chronic gonorrhea are infectious only in comparatively low degree, sometimes infecting only one person out of forty contacts. The most dangerous female with gonorrhea is the girl of sixteen to twenty, who has recently acquired gonorrhea and does not care how much she spreads the disease, or possibly may even take the attitude that because some man gave it to her she intends to give it to other men. The rule which I have suggested for men is the only rule I know of which can be applied to women. There is no test by which we can determine that a woman will not infect her sex partner with gonorrhea.

The coöperative man or woman is not dangerous to the community. The danger lies chiefly with the infected person who is not under treatment or who is non-coöperative. I am considering that extra-genital infections from properly instructed infected men or women are negligible from the standpoint of public health.

Gonorrheal vulvo-vaginitis, of course, is also most dangerous in the early stage when the pus is filled with innumerable gonococci. Infected children under five years of age should not be permitted to associate with other female children. Possibly association with older children might be safe if extraordinary precautions were adopted. Isolation is the only safe course for female children. Many of you know the danger of introducing a child with gonorrheal vaginitis into a children's ward in an institution, regardless of care in nursing or any other consideration. It is for this reason that all properly-run institutions for female children have a routine smear taken on all children before they are admitted to the general ward or dormitory.

The smears, of course, should be made with careful technique and the nurse or other person who takes the smears should never be permitted to do so until properly instructed. Probably at least half of the smears taken in this State are worthless because they are taken by persons untrained in the proper methods of taking vaginal smears.

To determine non-infectiousness in cases of vulvo-vaginitis in children, it is necessary to use the criterion of one month's freedom from discharge and other symptoms and signs of gonorrhea. These children create difficulties in hospitals where it is impossible to observe them for long periods.

SYPHILIS

Syphilis, unlike most cases of gonorrhea, when infectious, is dangerous not only because of possible genital contacts, but also because of extra-genital contacts. Dr. Solomon in her book on syphilis of the innocent gave ten per cent as the frequency of extra-genital infections. Regardless of whether we accept this figure of ten per cent extra-genital infections in syphilis, we at least know that extra-genital infections in

syphilis are relatively common, particularly through kissing. There are a number of records of syphilitic infections of anywhere from five to ten persons in kissing games, in each case in a single evening, from a person with syphilitic sores in the mouth.

The most dangerous syphilitic is the person in the early stages of syphilis who is promiscuous and unaware of any infection. The person in the early stages of syphilis, however, who is aware of his infection, can be made temporarily non-infectious in less than a month by modern treatment. The person with infectious lesions containing millions of spirochetes can in most cases be made relatively non-infectious by a single dose of neoarsphenamine in less than three days. The spirochetes disappear from the sores and probably such a patient is of little danger to the community if treatment is continued. It is probably preferable to play safe and use special precautions for the first two weeks of the necessarily intensive treatment. Such patients, however, must not be permitted to neglect treatment, as infectiousness is liable to recur if treatment is discontinued. Ordinarily there is little danger of infection to the community from any patient who has had modern treatment with neoarsphenamine and bismuth for at least six months, or where the disease has been present for five years. The infectiousness of syphilis decreases slowly with time, but rapidly with treatment.

It is possible for a woman to give birth to a syphilitic child even five years after her infection, but usually the child is free from the disease in long-standing cases. A possible danger to the child, however, exists, so every pregnant woman with syphilis should be treated to prevent syphilis in her child. It is highly improbable that the husband or wife of a syphilitic of five years' duration would be infected by the partner.

Congenital syphilis is highly infectious during the first year of life. Just as is acquired syphilis, so probably is congenital syphilis non-infectious after six months of thorough treatment or after the age of five years.

For public health purposes it can be assumed that syphilis is not transmitted to the third generation. A congenital syphilitic who has reached the age of conception has had the disease much longer than five years, or sufficiently long for it to become non-infectious.

ACCORDING TO THE LAW

The New Jersey statutes formerly attempted to define the period of infectivity of syphilis as the period until all local lesions had healed. Absence of visible lesions is poor evidence and no proof of non-infectiousness. Infectiousness is commonly present even in the absence of visible lesions during the first year or two of untreated syphilis. Gonorrhea was considered non-infectious when two negative smears were obtained. But most cases of old chronic gonorrhea will show two negative smears. It is very difficult to obtain laboratory proof of gonorrhea in some of the old gonorrheal sources of infection.

Last year the New Jersey law was amended to permit the physician to use any aid, laboratory or clinical, which may help him in his decision for or against infectiousness. The legal decision is made solely by the attending physician, and his decision is not limited by any outworn standards which would prevent the control of an infectious patient.

The following minimum standards of infectiousness are suggested as an approximate working basis for health officers, public health nurses, and social workers in cases where no medical decision has been made in a particular case. They may be modified by the results of various tests or particular features in any case.

PERIOD OF INFECTIOUSNESS

Syphilis: Until six months of intensive treatment (at least eight injections of neoarsphenamine and eight injections of bismuth*) has been given, or until the patient has had

*Some physicians place this number of treatments at twenty. In the case of expectant mothers a patient reporting previous infection should receive treatment until pronounced cured by the physician to safeguard the health of the baby.—*The Editors.*

the disease five years. *(Patients not cured.)*
Gonorrhea in Men: Until six months of freedom from discharge and laboratory evidence of disease.
Gonorrhea in Women: Until three months of freedom from discharge and other symptoms and laboratory evidence.
Gonorrhea in Children: Until one month's freedom from discharge and other symptoms, and laboratory evidence of disease.

DIET AND DENTAL CARIES

There are only a few definitely established facts concerning the relationship of diet to dental caries. Positive claims that are made relative thereto are largely unsustained either by the evidence submitted or by corroboration by others. Those who believe that dental caries is determined by the strength of the tooth do not explain why poorly formed and soft teeth frequently do not decay. Those who believe that caries is caused by a lack of vitamin D do not explain why the disease should be so prevalent in the southern lands where perpetual sunshine furnishes an abundance of vitamin D and there is no evidence of rickets. Those who assert that vitamin C is most important do not explain why the people of the tropics who have an abundance of vitamin C provided in citrous and tropical fruits may have extensive dental caries.

The observations of the Michigan group that children on a known adequate high sugar diet have active caries, and that children on an inadequate low sugar diet had very little are significant, and indicate the need for further study before any definite conclusions can be drawn. Evidence submitted by this group indicates certain very important trends in the study of the problem, as follows:

1. In a small percentage of cases, inherited tendencies or inherent characteristics may be more important factors in caries-susceptibility than any ordinary dietary consideration.

2. In the great majority of cases, dental caries will be definitely arrested by the adoption of a simple, fairly adequate low sugar diet. The importance of the amount of sugar intake is definitely emphasized.

3. No constant relationship could be found between the degree of activity of dental caries and the amounts of calcium, phosphorus, vitamin D or C, or the acid-base values in the diet, or in the blood or saliva.

4. The only differential characteristic thus far observed between caries-free and caries-susceptible persons having a high degree of correlation is the relative number of *B. acidophilus* organisms in the mouth.

5. Diet, it seems, controls dental caries through the determination of the environment of the teeth, rather than through changes in the resistance of the tooth itself. These environmental conditions may be determined by the character and the amount of food materials retained, or by dietary metabolic influences.

—Excerpt from "Diet and Dental Caries" by Russell W. Bunting, D.D.Sc., *Journal of the American Dental Association,* January, 1935.

Detroit's Pneumonia Nursing Campaign

By EMILIE G. SARGENT, R.N.

Executive Director, Visiting Nurse Association, Detroit, Mich.

PNEUMONIA ranks fifth in the ten principal causes of death in Detroit. In 1933 there were 56.7 deaths per 100,000 population and in 1934 this figure increased to 76.4 deaths. These rates are not as high as those obtained in the states that lie in the two pneumonia belts of the Northeast, that is New York, Vermont, Maine, New Hampshire, and in the South, South Carolina, Georgia, Virginia, and Kentucky; and the second belt which comprises the four Western states of Colorado, New Mexico, Arizona, and Nevada. In 1933 Nevada had a death rate of 106 per 100,000 population.

Detroit is now in its second year of an organized attack on pneumonia which began in October of 1933 when the Department of Health enlisted the coöperation of the Wayne County Medical Society, the Detroit Nurses' Association, the city physicians, the Visiting Nurse Association, and the Metropolitan and John Hancock Life Insurance Companies in a united effort to reduce the pneumonia death rate by early medical and nursing care.

The Medical Society sent a letter to its members advising nursing care and how and where it could be obtained, and kept the subject before the physicians by frequent articles in the Detroit *Medical News*.

The Metropolitan Life Insurance Company also wrote to the physicians stating that in 1932 the company had spent nearly nine million dollars in death claims from pneumonia, and that their Detroit experience with pneumonia was unfavorable. The letter also stated the following:

"Those insured in this Company's Industrial, Intermediate, and Group Divisions are privileged to have the service of one of the nurses of the Visiting Nurse Association in cases of pneumonia or other acute disease, without cost to the insured. We find, however, that in most communities about fifty per cent of these individuals who become ill and die with pneumonia and who are eligible for nursing service do not receive this nursing care, either because they do not ask for it or because the doctor in charge is not aware of this privilege.

"The Company suggests that you use this visiting bedside service when you feel that it would be helpful. The nurse may be called through the Visiting Nurse Association, 51 West Warren Avenue, Phone Columbia 1600. It is understood, of course, that nursing is extended to Metropolitan policyholders only when a patient is under the charge of a regular licensed physician, whose instructions the nurse is following."

The Metropolitan Life Insurance company also furnished a large supply of literature on colds, influenza and pneumonia to the public health nurses for distribution to the families whom they visited. The agents of the Metropolitan Life Insurance Company also assisted in the distribution of these educational pamphlets. The local managers continually urged their agents to refer policyholders having respiratory infections to the Visiting Nurse Service.

STAFF PREPARATION

The Visiting Nurse Association assumed the leadership in preparing the nurses of Detroit for their part in this effort. The opening gun was a series of lectures and demonstrations in pneumonia care to which all Detroit nurses were invited. The medical lectures were given by Dr. Hugo Freund, an outstanding internist of this city. Nursing demonstrations were given at staff and nursing organization meetings.

Within the Visiting Nurse Association, the nurses were given weekly reports on the number of pneumonia cases reported to the Department of Health versus the number referred for nursing care. A progress report of pneumonia work has been given at every supervisory and staff meeting during the pneumonia season.

Nurses were authorized to give pneumonia patients first consideration and to give two calls a day when indicated. Nurses were urged to discuss the patients with the family physicians and when home conditions made adequate care impossible to bring this to his attention; also to present the need for continuous nursing when visiting nursing was inadequate. In 1934, 96 days of continuous nursing care were given patients by special nurses secured from the Nursing Bureau for 24 and 36 hours during the crisis and paid for by insurance companies and relief funds, after which daily care was continued by the visiting nurse.

In 1933 there were 3,140 reported cases of pneumonia and in 1934 there were 3,818 cases reported. In 1933 the Visiting Nurse Association cared for 378 of these pneumonia patients or 12 per cent of those reported, and in 1934, 486 pneumonia patients or 12.8 per cent of those reported.

The city-wide pneumonia case death rate for 1933 was 26.8 per cent and in 1934 it increased to 30 per cent, whereas the Visiting Nurse Association pneumonia case death rate was 6.9 in 1933 and dropped to 5.6 in 1934.

The Department of Health has kept the value of nursing care in pneumonia before its own staff as indicated in the following quotation from last month's issue of the staff paper called *Do You Know?*

"Good nursing of early cases is an important measure in reducing the number of deaths from pneumonia. The following nursing services are available:

1. The Nursing Bureau, 51 West Warren Avenue. There are about 850 nurses who are all graduate registered private duty nurses; also practical nurses under the supervision of graduate nurses, male nurses, and nurses for hourly service with rates within reach of all.

Wherever full-time nursing service cannot be afforded, a part-time nursing service may be secured through the Visiting Nurse Association. These nurses give service only under the direction of the attending physician as follows:

(A) Daily visits will be made to the home for the purpose of caring for the patient and to instruct the caretaker as directed by the attending physician. These visits will be made at the rate of one dollar each.

(B) If the patient cannot afford the cost of these visits the association is able to perform the service required and receives compensation from the FERA or the Detroit Community Fund.

(C) Many patients who have pneumonia have industrial insurance with the Metropolitan Life Insurance Company or with the John Hancock Mutual Life Insurance Company, which policy allows them nursing service without charge. The Visiting Nurse Association is the official local organization through which both these companies secure this service.

It would seem that through the coöperation of these agencies together with the FERA at the Medical-Dental Aid Bureau, Wayne County Medical Society, and the Community Fund, the advantage of good nursing should be available to all patients with pneumonia early in the course of the disease."

NURSING CARE INCREASING

The combined effort of all these coöperating groups has created a greater use of nursing service. More and more physicians are reporting their own cases to the visiting nurse. A year ago the sources of calls ranked: family, insurance agents, physicians and others. Now it ranks: family, physicians, insurance agents and others. Many physicians have expressed their appreciation to the nurses as they meet in the homes and several have telephoned or written into headquarters to state their appreciation for the service rendered their patients.

The Commissioner of Health, Dr. Henry F. Vaughan, gives a weekly report to the physicians of the city through a page in the Detroit *Medical News*. And we quote from his article of February 9, 1935:

"Pneumonia is still above the norm for this season of the year. . . . In the first seven weeks of 1935 there have been 1,148 cases, almost double the number of the same period of a year ago.

"The number of patients receiving nursing care early in the course of the disease is increasing. The Visiting Nurse Association reports that during January in 103 instances the physician called for its service. The Community Nursing Bureau reports that during January its service was called for in 145 instances—137 for graduate nurses and 8 for practical nurses. . . .

"A few unfortunate experiences are recorded when nursing service was secured late in the course of the disease. . . .

"No effort seems to be made on a general scale to determine the type of pneumococcus present. The experience reported in the literature supports the view that pneumococcus type I serum is very useful in the treatment

of pneumonia where the type I pneumococcus is present."

SERUM TREATMENT

In characteristic fashion the Department of Health, after pointing the need for more serum treatment found a way to help the physicians secure it for their patients. The City Council appropriated $5,000 for those unable to pay for pneumonia serum treatment. In order to know which of his patients should have serum the physician must determine the type of pneumococci present. This requires a bacteriological examination of sputum and hence more expense. Therefore, the Health Department offers to do the laboratory examination free for the physicians with non-paying patients. The physician may of course secure the laboratory work at the hospitals and private laboratories for his paying patients.

Since free serum treatment is for the indigent group whose home conditions are unfavorable for home care, the Health Department requires that the free serum treatment be given only in a hospital where nursing, laboratory, and other facilities are available. The City Physicians' Department is coöperating by agreeing to pay for hospitalization expense of such patients. This provision should help to reduce the deaths from pneumonia for the fatality is highest in the under-privileged group.

Home care will still be necessary for a large portion of those self-supporting families who have no margin for hospital bills or special nurses, but who do pay their private physician and frequently call on the visiting nurse. The time limits of visiting nurse service are not ideal for pneumonia care but this obstacle is largely overcome by the skill of the nurse in teaching the family the nature of the illness and methods of intelligent care of the patient. May we again point out that the death rate among this class of patients attended by the visiting nurse last year was 5.6 per cent against the city-wide rate of 30 per cent.

INSTITUTES ON MATERNITY AND CHILD HEALTH

A Maternity and a Child Health Institute will be held in New York, N. Y., June 10-15 inclusive, under the joint auspices of the Maternity Center Association and the National Organization for Public Health Nursing coöperating with the New York Hospital School of Nursing. The institutes will be open to members of the administrative, supervisory, and teaching staffs of schools of nursing and public health nursing agencies. Registration will be closed June 1 and will be limited to keep the group small enough to allow for free discussion. The next issue of this magazine will contain information about rooms, rates, parking space, and further particulars.

Date—June 10th through 15th; each institute will cover three days.

Place—New York Hospital School of Nursing

Fee—Five dollars ($5.00) payable with application for registration. This fee will admit you to any or all of the sessions of *both* institutes.

If you wish to register, please send your name, address and present position along with your check or money order for five dollars to Maternity and Child Health Institute, Room 1003, 1 East 57th Street, New York, N. Y.

Pioneering in Health Education

By ELIZABETH ULMER, R.N.
Department of Health Service, Sam Houston State Teachers College, Huntsville, Texas

This magazine has been the fortunate recipient of several articles in the last year or two on the subject of health education programs in colleges as conducted by public health nurses.* We are pleased to add this account of pioneer work in a State Teachers College in Texas and feel sure our readers will envy Miss Ulmer her opportunity to blaze a new trail even while we sympathize with her in the difficulties that tradition and isolation present. Miss Ulmer is a graduate of St. Luke's Hospital, Chicago, and holds the M.A. degree from Teachers College in Education and Supervision in Public Health Nursing.

SEVENTY-TWO miles from Houston in a northerly direction lies the small city of Huntsville where the Sam Houston State Teachers College is located. The town has a population of about five thousand and the college, combining its summer school and winter sessions, has a student body of approximately thirty-three hundred.

Here where "our stately college proudly stands among the pine trees tall, and the terraced campus stoops to hear the valley's faltering call," I came in 1930 to take the position of college nurse, the first of its kind in the college. From our campus you can see, in the distance, row after row of tall green pines which seem to stretch out their branches in ever-widening circles toward the horizon. From various points along this horizon come the youth who make up the student body of this college. Could you but know what hardships have had to be overcome in order to reach this stately college, which has grown from one building to its present size through fifty years of pioneering effort of its faculty, you too would be stirred by the task of teaching health to its students who in turn go back and carry such knowledge to the hinterland from which they came.

An appalling ignorance of health matters and a child-like faith in the power of nostrums as cure-alls are still very evident among the student body. This is not strange if one stops to think of the isolation of these people. Many of them have never seen a train or read a newspaper and are so glad to see any stranger who can penetrate the dense forest of pine and scrub oak to their cabins over roads of red clay or just trails which lead inland from the highway, that they listen eagerly to any person who has something to sell which may make life a bit more pleasant for them.

For instance, malaria is an ever-present menace in this part of East Texas and since it always has been here the natives think they must have it every summer. I doubt very much if some of the more remote farmers of the "big thicket" even know what causes this disease. The State is attacking the problem, however, but more education is needed and funds are lacking while the people themselves are slow to undergo treatment.

The little town in which the college is situated is made up of the descendants of those settlers who migrated from many southern states in search of homes or adventure. The traditions and customs of those who settled here have remained and have not changed materially to this day. They tell me that the automobile has made a world of difference with the town and the people are gradually becoming reconciled to changed ways of doing things. People

*See PUBLIC HEALTH NURSING for 1932, September, page 494; 1933, September, page 485, November, page 610; 1934, April, page 199.

live to a ripe old age here and the younger set dare not change the old order until their elders have gone by. The climate may have something to do with the longevity of the natives, just as in the fall of the year nature is loathe to part with growing things, so life lingers with us beyond the traditional three score years and ten. We have autumn leaves in December, jonquils and daffodils in January, and lovely roses all the year round—so why not long life?

WINNING FRIENDS

On coming to the campus my first task was to blaze a trail along which I might safely and surely win the students for my friends. Knowing how slow they were to accept a newcomer and how ready to question the things I might say, I planned to let them seek me out after I had posted some notices on the bulletin boards in the various buildings, giving my office hours for the college and the demonstration school of the college. Then I furnished my office through the college with the necessary equipment for making simple inspections and giving first aid treatments.

Making my daily morning inspection in the various classes of the demonstration school was an easy way of contact, but the college students were shy about coming to see me. Some came to see what the office looked like, a few really came for advice on health matters, and others came so that they could say they had made the call and understood why the college added one dollar to their fees for health service. The Registrar told me that some students would ask if the one dollar might not be omitted from their bills because they had never been sick and they didn't intend to have anything to do with the nurse!

The faculty were very anxious to help things along and, as a beginning, the absence report card was started. Students must fill this out stating the reason for their absence and then file the card with the Dean of the College who investigates all absences. Since my advent, any ill student who has not reported his illness to the student health service has an unapproved absence marked against him. The student who is ill in class and asks to be excused is sent to me by the instructor. The white slip is filled out by the instructor and if no evidence of illness is found, he is returned to class or if he is judged ill by me, he is sent home and advised to see a physician, or if some simple rule of hygiene has been transgressed, he is advised from this office. The slips are filed for the semester, the white one with the instructor and the yellow one in my office.

HEALTH OPPORTUNITIES

There is no dormitory on the campus so I follow up each case of illness in the boarding houses. I have asked the landladies in the boarding houses for both the men and women to telephone me each morning if there is any case of illness in their homes. I try to visit each case and see that the student is having care or, if need be, a physician. I make a report of my visit to the Dean concerned as to condition of the patient. This visiting has led to my being asked by the President to visit the boarding houses regularly and supervise the sanitation and orderliness and to talk over with the landladies any problem involving the students. This lightens the load of the deans and gives a fairly accurate record of student illness. The *Houstonian,* student publication, prints a notice at the beginning of each semester and again at mid-semester asking each student who has not had a physical check-up to call at the student health service at his first free period so that the blank "College Nurse's Statement" may be added to the student's personal folder which is kept on file in the office of the Dean of the College.

Funds are lacking so we have no physician attached to the college as yet, but I have not despaired entirely. The best I can do is to advise the student to seek his family physician or ask the advice of his landlady and report back on the findings of the physician.

Only recently have I been getting back any report from those students

who have been found defective as long ago as 1932 as to eyes, teeth, or tonsils. The summer students are more mature and have been earning money so they usually have defects corrected and come in to report on the correction before going home. We put glasses on a young woman the other day who was so very near-sighted that she could not distinguish faces! It being a question of money with her we managed to collect enough among the faculty to pay for the glasses and she told her instructor, after she had put them on, that she had been so busy looking at people that she had not had time to study as she would have liked to—the pity of it!

Students are invited to come to the office for consultation on any health problem and this service has grown greatly since we have become better acquainted. Questions of diet are referred to the nutrition instructor and together a program is worked out for the student to follow. Some of the students from the Nutrition Department work on diet projects with the pupils from the demonstration school; teeth and diet, diet and constipation, overweight and underweight are some of the problems which are always interesting to watch.

Another contact that was new and strange to me at first came by way of the Vocational Agriculture group, who have been conducting night classes for the farmers of the county. These groups meet three times a week, during the winter session. The school of the district is usually the meeting place and the farmers bring their wives. While the men are attending the class, I talk to the mothers on any phase of child welfare they may care to hear about. The evening program usually starts with group singing. Sometimes one of the more talented students brings his banjo, sometimes there are several student singers who sing well together and once there were three Negro boys who played string instruments and sang Negro folk songs. I thought the class never would begin that night! I wish I could paint for you the weirdness of those scenes: No light except some oil lamps which have been brought by the guests, children parked on tops of desks asleep, and a roaring fire of fat pine in the huge corner stove! But in spite of everything, these women want to be told things about their babies. One night a question led me to tell something of the wonderful work done by the Henry Street nurses for mothers and babies who live in crowded tenements. I must have made an interesting story for their eyes grew bigger and bigger and the men had already broken up their class before the mothers even stirred! These people surely need trained teachers as an influencing factor in their remote lives when the school is the only resource for so many of them. They need a leader who can face facts with steady courage and give satisfying help with health problems. One realizes down here that there are still frontiers to be discovered in health education.

The demonstration school of the college has a very active group of critic teachers who are setting up some interesting demonstrations of health teaching.

The department of psychology has helped a great deal in giving an understanding of child health to the students. Each student who studies child psychology is assigned a child from the demonstration school for a case study. The child is brought to the office for weighing, measuring and a check of any defects, and a judging of posture. The student learns at first hand to know good teeth, normal tonsils and posture, and is taught to judge the nutritional development of the child. A home visit is made by the student to try to interest the mother in correcting whatever defect is present. This is an attempt to give some field work both in social service and health education.

A CLASS IN SCHOOL NURSING

The summer session of this college is a very full one. Students who have been out in the field come back to work toward their degrees and have become conscious of a great many needs. They all want to know more about the child

as they find him in the classroom. Because of this, I asked the privilege of giving a class in school nursing. I waited for two years before I got it! Now it is given regularly during each summer session under the department of home economics. It is a very live course and it is surprising to note the interest aroused and the personal problems brought for discussion and satisfactorily disposed of. Students come to my office for consultations and read the literature which is on my bookshelf. It is so much easier to get it here than in the crowded library and when something is not understood, to talk about it right away and not to have to hold it over for class.

Many of the students in this class have worked out courses of study for their own grades and have tried them out by practice teaching in the demonstration school of the college under supervision of the critic teachers.

This being a teachers' college I feel that the most important thing I can do is to give the outgoing students enough health knowledge to enable them to care for situations as they arise in their classrooms. They study the biological sciences, but never think how they can use any part of this knowledge in the future. We must have a place for the students of health education to do their practice teaching. I think such a place will be functioning before long in the junior high school of the demonstration school. The State Department of Education is building a course in health and physical education for the elementary and secondary schools of Texas, and in order to be able to place teachers who can qualify under the new ruling, this college must give more health education practice teaching to the students. This is a conservative administration and its interpretation of health education does not take in the school room as yet. This is my objective for the coming year. To make it see the light!

THE QUESTION OF SOCIAL HYGIENE

Social hygiene has been taboo on this campus, as you would expect it to be, but when we discovered that Dr. Valeria Parker from the American Social Hygiene Association was to be in Houston, only seventy-two miles from here, one could not afford to overlook such an opportunity. After a conference with the Dean of Women, who was delighted with the idea, and another with the President, we wrote Dr. Parker for an appointment. She addressed the men and women students separately and every one who heard her was so delighted with the manner in which she handled the subject that the Dean of Men approached me this fall with the request that we invite Dr. Parker for a second visit.

She made a second visit and from this has started another program of education. Several interested townspeople were invited to meet Dr. Parker, and now the Girl Scouts are using the book, "Growing Up," by Karl de Schweinitz, for reading and discussion in their club work. Also, the president of the Parent-Teacher group is arranging for several talks to his group by qualified members of the faculty.

From this account I think you can see that my work has been the accumulation of little things, rather than the big things that go to make up the health program. It is the youngsters who will carry on after their own experiences have taught them the value of healthful living that are the compensation for our anxious thought and patient planning. They do rise to the occasion, even though we may not know it until long afterward—or perhaps never know it.

Summer Schools and Institutes for Public Health Nurses

Summer of 1935

The following schools and universities which offer a year's course in public health nursing meeting the minimum requirements of the National Organization for Public Health Nursing are announcing summer sessions. For students meeting the admission requirements this work may be counted toward a certificate or degree. These summer courses may be of interest to ERA nurses since some of them are designed for new public health nurses.

University of California

Berkeley, Calif. June 24-August 3. Two courses in Nursing Education, one in Principles and Practices of Public Health Nursing, the other in the History of Nursing. Mrs. Elizabeth Soule, Guest Instructor, will teach these courses.

Los Angeles, Calif. June 22-August 2. Courses in Principles and Practices of Public Health Nursing, Hygiene and Home Hygiene courses in coöperation with the American Red Cross.

For further information write to Dean of Summer Sessions.

Simmons College, Boston, Mass. July 1-August 9. Courses in Biology, Methods of Teaching, General Principles of Pub'ic Health Nursing, Public Health Nursing in Schools.

For further information write the Director, School of Nursing, Simmons College.

University of Michigan, Ann Arbor, Mich. June 24-August 2. Courses in Hygiene, Public Health, Principles of Public Health Nursing, Nutrition.

For further information write to Miss Florence H. Bunton, Instructor of Public Health Nursing.

University of Minnesota, Minneapolis, Minn. First term, June 17-July 27; second term, July 29-August 31. Courses in Preventive Medicine, Maternal and Child Hygiene, Mental Hygiene, Health of the School Child, Principles of Pub ic Health Nursing. Miss Robina Kneebone will teach a class in Methods of Teaching Home Hygiene and Care of the Sick.

For further information write to Miss Eula B. Butzerin, Director, Public Health Nursing, Health Service Building.

Washington University, St. Louis, Mo. June 14-July 26. Courses in Psychology, Sociology, Family Health, Principles of Public Health Nursing, Methods of Health Teaching.

For further information write Miss Anna Heisler, Professor of Public Health Nursing.

Columbia University, Teachers College, New York City. July 8-August 16. Courses in Principles of Public Health Nursing, Teaching in Pub'ic Health Nursing, Supervision in Public Health Nursing, School Nursing including field experience, and other courses in allied departments.

For further information write to Professor Isabel Stewart, Director, Department of Nursing Education.

Syracuse University, New York. July 8-August 16. Courses required for the certificate in pub'ic health nursing and, in coöperation with the American Red Cross, the teacher training course for Home Hygiene instructors will be offered.

For further information write to Miss Ellen L. Buell, Director, Department of Public Health Nursing.

Western Reserve University, Cleveland, Ohio. June 24-August 2. Courses offered in Principles of Health Teaching and Principles of Public Health.

For further information write Miss Ruth W. Hay, Director of the 1935 Summer Program in Public Health Nursing, School of Applied Social Sciences.

George Peabody College for Teachers, Nashville, Tenn. Two terms six weeks each, first commencing June 10, second July 18. Courses in Public Health Nursing, Health Education, and teacher training course for Home Hygiene instructors in coöperation with the American Red Cross.

For further information write to Miss Aurelia B. Potts, Director of Nursing Education.

University of Washington, Seattle, Wash. First term, June 19-July 26. Second term, July 29-August 29. Courses in Public Health Nursing, Supervision of Hospital Departments, Hospital Administration and allied subjects.

For further information write to Mrs. Elizabeth S. Soule, Director Department of Nursing Education.

[*Continued on next page following*]

OTHER COURSES OF INTEREST TO PUBLIC HEALTH NURSES

American National Red Cross teacher training courses for instructors in Home Hygiene and Care of the Sick

In coöperation with:

University of California, Los Angeles, Calif. ..... June 22-August 2
Peabody College, Nashville, Tenn. ..... June 10-July 17
Pennsylvania State College, State College, Pa. ..... July 1-August 9
Syracuse University, Syracuse, New York ..... July 8-August 16
Colorado State College, Fort Collins, Col. ..... July 13-August 23

For further information, write to Miss I. Malinde Havey, National Director Public Health Nursing and Home Hygiene, American Red Cross, Washington, D. C., or to the Branch Office in St. Louis or San Francisco.

Stanford University, California. June 20-August 31. Will include information courses on Group Hygiene, Social Hygiene, and Special Assignments.

For further information write to Dr. Walter H. Brown, Director Division of Informational Hygiene, Stanford University.

Colorado State Teachers College, Greeley, Colo. First half, June 17-July 19, second half July 22-August 17. Courses in Nursing Education, including supervision in schools of nursing, ward management, and ward teaching.

For further information write to John Henry Shaw, Director, Department of Publications.

Connecticut State Board of Education conducts a Teachers College Summer Session at Yale University, New Haven, Conn., July 1-August 9. Courses in Health Education, Home Hygiene, Child Development.

For further information write to Director, Teachers College Summer Session, State Department of Education, State Office Building, Hartford.

Catholic University of America, Washington, D. C. June 28-August 8. Offers courses in the field of public health, e'ements of a community health program and mental hygiene.

For further information write to Director of the Summer Session.

University of Chicago, Chicago, Ill. First term, June 19-July 24; second term, July 25-August 30. Will offer several courses of interest to nurses.

For further information write to Department of Nursing Education, University of Chicago.

Indiana University, Bloomington, Ind. June 19-August 14. Courses in hygiene and other allied subjects.

For further information write to H. L. Smith, Director of the Summer Session.

University of Kentucky, Lexington, Kentucky. June 10-July 13. Will offer several courses of interest to nurses.

For further information write to Jesse E. Adams, Ph.D., Director of the Summer Session, University of Kentucky.

Louisiana State University, Charity Hospital, New Orleans, La. June 7-August 3. Courses in Nursing Education, Psychology, Sociology.

For further information write Sister Stanislaus, Director of Nurses, Charity Hospital, New Orleans, La.

Harvard Medical School, Boston, Mass. June 18-August 2. Offers a course in Physiotherapy. Nurses applying must have had special course in anatomy in addition to undergraduate training as well as experience in giving therapeutic exercises and massage.

For further information write to Assistant Dean, Courses for Graduates, Harvard Medical School, Boston.

Massachusetts Institute of Technology, Cambridge, Mass. July 8-August 16. Offers a course in Bacteriology.

For further information write to Professor B. E. Proctor, Department of Biology and Public Health.

Trenton State Teachers College, Hillwood Lakes, Trenton, New Jersey. June 28-August 2. Courses in Principles and Practices in Health Education, Health Supervision for the Nurse and Teacher, School Nursing.

For further information write to Lula P. Di'worth, Assistant in Health Education, Department of Public Instruction, Trenton.

Rutgers University, New Brunswick, N. J. July 1-August 9. Course in public health for employed nurses, to cover two summer sessions, first session devoted to principles of public hygiene and the second to public health practice

For further information write Dean C. E. Partch, Rutgers University.

[*Continued on next page following*]

SUMMER SCHOOLS AND INSTITUTES—(*Continued*)

Cornell University, Ithaca, N. Y. July 8-August 16. Courses in Mental Hygiene of Childhood and School Health Problems.
For further information write to Dr. W. H. York.

College of Physicians and Surgeons, Columbia University, New York City. June 10-28. Course in School Health Supervision for physicians and experienced school nurses.
For further information write to DeLamar Institute of Public Health, College of Physicians and Surgeons, 630 West 168th Street, New York City.

New York University, New York City. July 9-August 16. Courses in Child Hygiene, School Nursing, Health Teaching.
For further information write to Dr. Helen C. Manzer, Director, Public Health Nursing, School of Education, New York University, 41 West 4th Street, New York City.

New York School of Social Work, 105 East 22d Street, New York City. First term, June 18-July 26; second term, July 29-August 30. Courses in Social Case Work, Community Organization, Public Welfare Problems. Nurses must meet regular admission requirements.
For further information write to Registrar.

FAREWELL TO THE LITTLE BLACK BAG

Well, little Black Bag, our three months' excursion into the Private Lives of the Cohens and the Kellys and the Joneses and the Smiths is over. You and the gray uniforms pass on to the next public health student and I must go back to the classrooms and pavilions of the West Penn Hospital.

I have grown to be very proud of you; you were always so dependable. As I learned the broad scope of your possibilities, I grew very proud of your simple relief offerings which are so highly respected wherever sickness attacks the home. The stress laid on your importance was surely evident that day when Johnny asked, "Say, Miss Nurse, do you have a baby sister in that bag for me?" and Estelle Marie added, "I'd rather have a white rabbit."

You acted as the passport that admitted us into the confidence of a bewildered family who scarcely knew what to do for the aged grandmother after she fractured her hip. It was so nice to be welcomed each day when we called to give her care. As you brought about our admission into the neat, freshly scrubbed house on the corner where the handmade lace curtains hung and where the father was convalescing from pneumonia; so, too, did we gain entrance into an unkept kitchen where those ever-present egg-smeared dishes and rusty implements were in the sink under the dripping spigot. And weren't we proud of the day we found Clara cleaning that kitchen, and when the baby won recognition at the well baby clinic!

I shall miss these visits with you as companion, but our past experience will be re-staged many times in my mind. And when I am back in the hospital, I shall understand the restless mother who has a careless Clara at home, and the one who insists upon going home to care for Johnny. You represent the key to this new insight and sometimes I wonder if, instead of carrying lanterns, perhaps the present-day philosophers should carry little black leather bags.

RHONWIN GRUBB,
Student Affiliate, Public Health Nursing Association, Pittsburgh, Pa.

Beyond the Arctic Circle

By BERTHA M. TIBER

Field Service Office of Indian Affairs, U. S. Department of the Interior, Wainwright, Alaska

THE tranquillity of my summer vacation on Puget Sound a year ago was interrupted by news that my appointment as public health nurse in the village of Wainwright, Alaska, had been approved by the Commissioner of Indian Affairs in Washington. I was to proceed there on the Bureau of Indian Affairs' motorship, *North Star*, on her annual trip with supplies to the stations of the far north.

I had never heard of Wainwright but the spirit of adventure within me said "go," so I wired my acceptance. I began to make plans for departure and then began to wonder where this station was located. The combined efforts of numerous friends succeeded in finding only the approximate location of the village but I assured them that I would write back its location in detail. Bravely I proceeded to Seattle to continue preparations. There I learned that I would divide my time between three villages. There were scarcely two weeks for preparations and goodbyes. I fretted and worried about what to take and what to leave and what I would need in the way of clothing, for I had been told that there would be no way of securing clothing, food, or other supplies for a whole year. Computing the amount of food necessary for a year and learning about the kinds of food used under these circumstances was in itself an education.

I was a little disturbed when, in my quest for information, I had gone aboard the *North Star* and talked to the officer in charge. He refused to take me seriously, assuring me that the village of Wainwright consisted of six mud huts and a schoolhouse occupied by a white man, his native wife, and family of half-breed children—and further, that the village, in fact, that part of the world, was no place for a white woman. He urged me to reconsider my decision. Some of my friends were of similar opinions and tried to dissuade me, so I ceased seeking information for fear my apprehension and love for a feeling of security would overcome my spirit of adventure.

Author, with the native who helped her make her "parka"

Then one night I stood alone on the deck of the *North Star* and watched the lights of the city of Seattle recede into the blackness of the distance behind, and wondered what the blackness ahead into which we were plunging held for me. Coal sacks were piled high on the deck below, reaching the rail of the deck on which I stood, and there was some comfort in the fact that "at least I should be warm enough."

Exactly one month later I left the *North Star* at Point Hope, the first of my stations to be reached and where I would begin my year's program. At Juneau I had been disappointed to find

that the medical director for the territory, whom I was prepared to bombard with questions, was in the field but I was pleased when I learned that he was visiting the territory I was expecting to cover. I felt that things would work out well and that the impossible would not be expected. We met him later in Nome and I got my first instructions. We visited Kotzebue where are located a little hospital of the Department and the residence of the district superintendent of the Bureau of Indian Affairs.

Kotzebue, with its doctor and splendid hospital facilities, is a little more than a hundred miles away from Point Hope in a straight line; I have made the trip in an hour and a half by plane. But there is no plane located at Point Hope nor is there a radio or wireless, and, indeed, there are seasons when no communication with the outside is possible. These seasons are during the freeze-up in the fall, a period varying from six weeks to two months when there is ice enough in the rivers to prevent travel with a boat, but not enough to permit travel by dog-team; and then in the spring a similar condition prevails when the ice is going out. Letter mail comes north from Kotzebue three times during the winter by dog-team; all other mail is held for the boats during the summer. In good weather the trip by dog-team from Point Hope to Kotzebue takes four days.

"TIGARA" ON POINT HOPE

Point Hope, as the name implies, is a point of land, really a sand spit extending twelve miles into the ocean from the mainland. The village located there is called "Tigara," the Eskimo word meaning index finger. The village has a population of about two hundred and fifty Eskimos, and consists of thirty-six igloos, a store owned and operated by natives under the direction of the Bureau of Indian Affairs' school teacher, a school house and teacher's residence under one roof, and a well-equipped mission. To these Eskimos the word "igloo" indicates home or dwelling regardless of the material from which it is made or the type of construction. Most of the families have permanent homes in the village, although at times they live in cabins or tents nearer hunting or fishing grounds or trapping lines. In spring as soon as the snow melts there is a general exodus from igloos to tents on the beaches.

The homes in this village are mostly of sod over frameworks of wood or jawbones from whales caught in the vicinity. The interiors are usually lined with wood, perhaps driftwood picked up on the beach, although this is becoming more scarce yearly; perhaps the wood is from salvage of wrecked vessels of the old whaling days; less likely is lumber purchased for that purpose. Wood from packing boxes is sometimes used. Some of the igloos have floors slightly below the level of the ground; many are high enough only at the peak for me to stand erect. In a few I must stoop during my entire visit or join the family sitting on the floor. The one window is in the roof and is made of strips of gut from seal or sea lion sewn together, and although this is opaque it lets in a good amount of light. Occasionally an accident happens and man or dog steps on the window and falls through.

IGLOO LIFE

The entrance to an igloo is always a long tunnel-like passage with perhaps three doors at various places. In a few of the Point Hope igloos this hall is entered from above by a short ladder. If the door is vertical the hall is extended in winter by a tunnel built from huge blocks cut from a snowdrift. The halls are rarely high enough for me to walk erect and the doors are always very small—"To keep the cold out and the warm in," the native will explain. There is no provision made for lighting the hall and venturing in unescorted is a precarious undertaking. There may be timbers extending down from the ceiling and there will probably be dogs on the floor, most likely a female with young pups who is to be avoided at all times. I was so pleased one night when calling on the sick child of a poor widow to

find that she had set out a small seal oil lamp for my convenience. It was the first one I had seen burning. Considerations like that are rare, not because the native begrudges them, but because they do not occur to him. Courtesy, I think, is not an attribute of so primitive a people.

The igloos consist usually of one living room but may house two or three families. I have visited homes and found that so many people lived there that I was puzzled to see how there was room for them to lie on the floor to sleep at one time, for most of these people sleep rolled up in skins on the floor. Some igloos contain a sort of bunk built in but this may not be used for a bed. I have been called at night and found the family stretched out asleep on the floor under the bunk while the bunk was being used as a catch-all. I have found, on night calls, children curled up in balls in their parkas and other daytime clothes with no extra covering, but sound asleep. Some of the more thrifty have individual sleeping bags of reindeer skin.

HOW TO BEGIN?

I spent the first few weeks simply observing things and trying to make plans. What had I learned outside that could possibly apply in a community of this kind? What could I teach about nutrition to a people with a high tuberculosis death rate when the food obtainable was reindeer, seal and oogeruk fish and a varying but always inadequate amount of white man's food, depending on what the fox catch happened to be? In many instances the cooking would have to be done over blubber, which was not plentiful and which makes a quick hot fire that dies out immediately. What of this diet could be fed a child if he is to be taken from the breast at nine months as is advocated outside? It is no wonder that it is a common sight to see a mother nursing two children at the same time. What could I do about the isolation of tuberculous patients under these living conditions? What about prenatal care when a woman has no idea when her child will be born until labor pains begin and when an unmarried girl can go through pregnancy to delivery without even her immediate family suspecting her condition?

Fortunately, I had a supply of toxoid for a beginning. I met the members of the school board and explained its purpose and method of administration. Their response was whole-hearted and I was encouraged when they said I might go ahead; the formality of parental permission was unnecessary. I gave injections to all of the children in school and then to all above one year and under school age. The only objection I met was from some of the little tots who seemed to object to the presence of a white person on general principles. There were some of these who no matter how often they saw me or what the occasion would shriek at the top of their little voices. Imagine trying to do for a sick child who begins to shriek as soon as one enters the house and can not be hushed in any way. These Eskimo children are never disciplined. I have never seen one spanked nor have I seen one forced or even emphatically urged by his parents to do a thing to which he objected. "He no like" is a perfect excuse for an Eskimo mother not giving her child the medicine or carrying out the instructions she has been given.

The native mother has her baby with her constantly, either on her back or at her breast. When moving around with him on her back, dancing a sort of jig, or patting him through her parka will not quiet his whimpers, she proceeds to nurse him, no matter when he was last fed. Regularity in feeding strikes them as absurd. The adults eat when they are hungry or when there is food available, so why not the infant?

But I am telling little about my work! I began by giving toxoid and caring for the illnesses and the emergencies as they came along. This was not easy for one accustomed to having a doctor always within call.

In some respects natives when ill are

hard to care for. In serious illnesses they are certain they will die and are resigned and in rare instances make any effort to get well. They see death at such close range their feeling is different about it than is ours on the outside. Infant deaths are so frequent that an ill baby is despaired of. But then, these babies do seem to die so easily! I have seen a little chap apparently recovered from a digestive upset no more serious than many he had had previously, playing normally at four o'clock in the afternoon. At ten that evening the father called me; the child had convulsions and died before morning. That poor mother had lost seven babies, was now too old to have another, and did want this one so badly. With a pleading voice she said to me, "Before you give him medicine, make him well." This time, however, my medicine and all I could do did not even lessen the convulsive seizures that shook his little frame for the four hours before he finally expired.

Eskimo funerals take place as soon after death as preparations can be made. I have seen a child who died at six in the evening buried at ten that night. That was during the long days of summer when there was constant light. The grave is dug by volunteers after the funeral service while the box stands near. In winter when there is deep snow and the ground is frozen hard as flint the boxes are placed in graves in the snowbanks and carefully fitted blocks of snow are piled on top. Later when the snow has melted these boxes will be placed under the ground.

MY SECOND VILLAGE

Last November I made the trip from Point Hope to Wainwright by plane. I returned to Point Lay by dog-team in February and to Point Hope in May. I spent three weeks during June at the hospital in Kotzebue and then hurried back to Wainwright by plane to care for a measles epidemic. Travel by dog-team is interesting at first but trips lasting four or five days are likely to become tiresome, particularly since nights often must be spent in native cabins, placing one's sleeping bag on the floor wherever room can be found.

The village of Wainwright is about the same size as Point Hope but of quite a different type. There is coal nearer so the fuel situation is not acute. There seems to be more wealth, judging from the number of frame houses and the number of power boats. The location of the village is not good; the site was determined by the place easiest to land when lumber was brought in for the building of a school some thirty years ago. The homes extend along the edge of the tundra on a bank above the water. There are numerous clefts in the tundra caused by melting snow and the receding glacier. In summer there is much stagnant water standing and in many places the ground between the niggerheads gives up water like a sponge. Along the edge of the bank the entire length of the village are tied the dogs of the village, perhaps about eight hundred, who sometimes raise their voices in unison during the middle of the night to the distress of one not accustomed to this wail. To those of us who know it, it is just part of the country and if it failed to occur we should miss it; our environment would be incomplete.

Nature has provided these people with splendid refrigeration. Two feet below the surface of the tundra is glacier. The natives dig into this, making pits, small on top but farther down often extending several feet in each direction and as deep as fifteen feet. Here are stored reindeer meat, for animals are killed in the summer for skins for clothing; a surplus of the fish and game procured and ice to supply water during the summer season.

THE THIRD OF MY TRIO—POINT LAY

Point Lay, the smallest of my villages, is the baby of the trio in age also. It came into being when the government built a school and the families scattered along the coast congregated and built homes on the sand spit there. There were thirteen native homes there last

year but there have been five young couples married since that time so there should be more homes. The people there are progressive and enterprising, proud of their lovely school, eager to learn and not at all averse to trying new things.

I have tried to do some educational work among the older people. This is complicated by the necessity of using an interpreter for all communication with groups older than school children. I try to develop ideals of cleanliness and pride in home and community. I have demonstrated methods and urged the riddance of pediculosis. This is not easy when so much fur clothing is worn next to the skin. I have tried to teach the midwives in the villages, for the most part, what not to do and ordinary cleanliness. Imaginé trying to apply obstetrical technique at a delivery with the patient on a reindeer skin on the floor of an igloo with the whole family present, with not a thing even clean unless it has come out of the nurse's bag and not one of the people around able to comprehend a word of English!

At times I get impatient; these people seem to comprehend so slowly or so little and do forget so easily, but I try to remember that they can not be hurried through centuries of civilization in two or three generations. Then their utter helplessness during illness and their childish dependence on the white person nearest arouses my sympathy and I forget and forgive their stupidity and thoughtlessness and begin all over again. When I return to a village after having been away, the people are so pleased to see me that I am ashamed for having been out of patience with them.

I have been happy here; I do not know how long I could continue so with the lack of contact with white people. Last year I saw no white woman between November sixteenth and May fourth. This year there is a white woman teaching at Wainwright. Next year I plan a trip outside—perhaps I shall return, at any rate I shall never find a place where the help of a nurse is so much needed and so much appreciated as it is in these my Eskimo villages of the far, far north.

Eskimos at the entrance of their home. The uprights in the foreground are jawbones from whales

Health Service in a State Normal School

By MAUD E. HOLMAN, R.N.

Health Nurse, State Normal School, Lewiston, Idaho.

THE importance of health and its relation to education is gradually becoming more widespread in the public mind. In our curricula we give special emphasis to this phase of education in all our departments. To teach the student how to keep well in order that he may live the fullest is the dominant purpose of our health program. In addition, we aim to give all the students a thorough knowledge of normal health conditions. Such service will enable the young teacher to detect the ordinary defects of the school child and prepare her to coöperate more intelligently with the parents, organizations, and physicians in the community.

There is a very definite need for an extensive public health program in our Normal School, because of the fact that most of our students come from rural communities where very little public health work is carried on. The entire population of our State is only 445,000. Lewiston, the third largest city, has a population of 9,500. There are no tuberculosis sanatoria or dispensaries for the general public in the State. In this city we have no organized clinics or public health nurses for the school children. Occasionally a preschool or chest clinic is held through the coöperation of the Parent-Teachers' and Anti-Tuberculosis Associations. Our Normal School has an enrollment of approximately 450 students during the school year. The Training School on the campus has a limited enrollment of thirty pupils in each of the nine grades. The rural center has fifty pupils.

Our public health program started in the fall of 1927. It developed from a need to have someone responsible for the students who became ill. Prior to this time ill students were cared for by the person in charge of the dormitories. There were the usual difficulties in organizing this program due to the amount of work, the limited personnel, and lack of understanding of a preventive program on the part of students and parents.

AN ADVISORY COMMITTEE

In organizing our health service, a committee was formed made up of the President of the Normal School, the Dean of Women, the Dean of Men, the Supervisors of Physical Education, Home Economics, and of the Training School. The committee meets with the nurse to discuss the policies of the department and gives advice whenever individual health problems occur. Decisions are made as to the amount of outside work a student is allowed to do, the number of credit hours he is able to take, the amount and kind of extra-curricular activities permitted, and as to the advisability of a student's remaining in school.

Our health program is carried on at the Normal School proper and in the city and rural training centers. In the Normal School the health service includes the care of the sick, emergency cases, giving quarterly physical inspections to the students, arranging for the correction of physical defects, giving health talks and instruction in required and elective courses in health education. In the Training School the health program is in charge of the supervisors in the different grades. The nurse acts as an advisor and aids in carrying as much of the program as her time permits.

The Normal School maintains a Health Center on a quiet corner of the campus. It is a modern eight-room cottage, with an office, a kitchenette, hospital rooms, and nurse's quarters. A student, who receives her board and room for the work, takes care of the building. The infirmary part of the Health Center is equipped to care for minor illnesses and emergencies. An-

other health office is maintained in the Training School.

PAYMENT FOR SERVICE

At each quarterly registration, the student pays a health fee of one dollar and fifty cents. This fee covers the cost of his physical inspection, emergency care, treatments, and nursing care while in the Health Center.

Students who live off-campus may come to the infirmary for care, providing they pay the dining room the cost of meals and ten cents for each tray carried to them. The latter charge is made to all students in the Health Center, and it is paid to the students who bring the trays to them. The average number of patients admitted to the Health Center for bedside care each month is ten. Severely ill students are taken to the local hospital at their own expense.

The health rules of the Normal School and the names of the physicians who are members of the medical society are printed on the various bulletin boards in the different buildings. The student selects his own physician and is responsible for the cost of the examination and the treatments. When a student is unable to pay for treatments, the local physicians have been very willing to care for the student without remuneration, or they postpone presenting a bill until the student is self-supporting.

There are seldom any very ill students in the Health Center or hospital since all students are required to report their illnesses daily. Reports of these illnesses are sent to the Dean of Women and the Registrar. This enables us to check contagion or any illness quickly and lessens the number of absentees.

We have found it necessary to require the student to report to the health office before going to or immediately upon his return from seeing a physician. No student living away from home may make arrangements for an operation without notifying this department. This enables us to notify the parents of the student's condition and receive permission of the parent for the necessary treatments. If a student is very ill, daily reports are sent to the parent.

PHYSICAL INSPECTIONS

When a student matriculates, he is given a physical inspection by the nurse and the supervisor of physical education. This inspection includes weighing and measuring, testing of eyes and ears, inspection of skin, taking of pulse and temperature, and examination of posture and feet. Students who are found to have abnormal conditions are sent to their own physicians for diagnosis and any necessary treatments. These inspections are completed before the student begins his physical education classes and the results are consulted in making arrangements for his physical education. The students with any marked defects are assigned to special classes where they will be given exercises which will aid in the correction of their defects.

The results of these inspections are recorded on a chart. It provides space for the reports of the nurse, of the Physical Education Department, and for any medical report which might be sent to us during the school year. The family history of past illnesses and causes of deaths is recorded, as well as the past illnesses, accidents, inoculations, and operations of the student. Recommendations to the student and corrections are entered on the chart as they are reported. Copies of these records are kept in the Physical Education Department and in the office of the Dean of Women. When the student enters the Health Center for care, a very simple chart is attached to this record. It contains spaces for temperatures, medication, diets, and remarks.

PREVENTIVE PROGRAM

During the first two years of our public health program, we had too many students leaving school because of illness. In order to prevent the recurrence of this situation, we decided to repeat the inspection each quarter. This plan has been very helpful in combating nervous breakdowns and chronic illnesses.

Through the courtesy of the Idaho Anti-Tuberculosis Association, we have been able to offer the students the Mantoux and X-ray tests. About ninety per cent have taken advantage of this

examination during the past three years. Last year thirty-four reacted positively to the test and of those, eight gave evidence of the adult type of infection. The greatest advantage that we found in giving these tests is that those who reacted were more willing to have their defects remedied. They were also more willing to give their medical histories. Most of them were able to trace their infection from contacts with teachers, roomers, or some member of the immediate family.

CLASS WORK

Three of the classes in health education are under the supervision of this department. This enables us to coördinate the theoretical courses offered in our school with the student's practical work in the Training Schools. The courses offered are hygiene and sanitation, home nursing, child care and first aid, and health education in the elementary schools. The first course is required, while the others are elective. These courses include home, school, and community hygiene; a theoretical and practical course in elementary nursing; a study of the child from infancy through his school life, and a detailed knowledge of a health program in the elementary schools. We try to have the most recent health books for reference and the current magazines are a part of the regular assignments. Records, books, magazines, and pamphlets are kept in the offices for the use of the student teacher or supervisor. Other courses in health education are under the supervision of the Science, Home Economics, and Physical Education Departments. The dining hall and the housing problems are in charge of the Dean of Women, who is also an instructor in home economics.

Regular office hours are observed in the Training School from eight-thirty until ten, and in the Health Center from twelve-thirty to four o'clock. Students, parents, and instructors are encouraged to use these hours for conferences regarding any health problems in the schools, dormitories, or homes. This time is frequently interrupted by the adult students who need care.

ROUTINE IN THE TRAINING SCHOOLS

The nurse, with the help of the student teacher and supervisor, gives each child a yearly physical inspection. As in the case of the adult students, the pupils are reëxamined whenever it is necessary. The parents are urged to be present during the inspection, but if they are unable to come, reports of the results are sent to them. Whenever it is possible, the absent parent is contacted by telephone or home calls.

The pupils in our Training School are weighed each month and measured twice a year. Records of the weights are kept in each room and on weight cards the same size as the school health record in the health office. This gives us a record of the child's weight during his entire school life. We are careful though not to give too much emphasis to this part of our program.

Reports of absentees are sent by the supervisors to the Training School health office daily. If a child is absent for two or more days, we telephone or visit the home to determine the cause for the absence. If there is a contagious disease in the school, this procedure is carried out daily. We notify the teachers and parents of any infectious or contagious disease in the school and give them advice about care. If a pupil has been out of school because of a communicable disease, a written statement is required from a physician or the local health office for admittance. Other absentees are admitted by the nurse. Each supervisor is given a copy of the State Board of Health Laws and pamphlets on the various communicable diseases. So far, we have not had an epidemic.

In the Training School health office, we have two cots for children who have been ill, for those who tire easily, and for those who do not gain in weight. If the parents are willing, these children may take short rest periods daily. The only other equipment in the office is the records, height and weight scales, and supplies for emergencies only.

We have several families who have not been able to give their children any milk or any necessary medical care dur-

ing the past few years. The Idaho Anti-Tuberculosis Association, the American Legion Auxiliary, and the Red Cross Social Service Department have been very coöperative in supplying milk and medical care for these children.

The supervisors of the various grades are in charge of the health education program in the Training School. They follow a daily plan of intensive health teaching from the first grade to the tenth. By this time, health habits are well-established and health activities play a prominent part in the school and home life of the child. Health teaching is coördinated with all their daily work and is especially emphasized in the social sciences.

The student teachers are given opportunity to develop their theoretical knowledge in the classroom. They are placed in charge of the noon lunch hour, the daily inspections, the sanitation of the room, the school paper with its health column, and the various other health projects.

This program is not an ideal one, but at least it is a step in the right direction. We are all looking forward to the time when our staff will be more complete and when we will have the use of a modern Health Center.

PROGRAM FOR A COLLEGE NURSE

The Bureau of Public Health Nursing in Indiana was asked to outline a health program for a new nursing service just established in a college with an enrollment in the year 1933-34 of 159 men and 122 women. The program outlined in the State *Bulletin* follows:

Possible Functions of College Nurse

Assistance with physical examinations

- Register and schedule students for examinations.
- Give vision and hearing tests.
- Get communicable disease history and fill out records with special emphasis on tuberculosis and immunizations.
- Counsel with students about physician's findings and do necessary follow-up.
- Confer with instructors about any needed school adjustments.

Infirmary and Health Counseling Service

- First aid service according to standing orders from Medical Advisory Committee.
- Make provision for ill students.
- Record system to give picture of individual students' illnesses for basis for discussing students' individual health problems.
- Be familiar with resources in community giving help in caring for students.

Communicable Disease Control

- Assistance with immunization and tuberculin tests.
- Check on all students absent because of illness.
  - When absent.
  - At time of admittance.
- Urge reporting of colds and minor illnesses.

Environment

- Be alert for conditions affecting health.
  - Ventilation.
  - Lighting.
  - Seating.
  - Lunch room facilities.
  - Provision for pleasant, well-kept restrooms.
  - Water supply.
  - Handwashing and toilet facilities.
  - School schedules.
  - Housing conditions of students.
- Recommend good health books for library.

Health Education

- Individual counselling of students as to diet, sleep, mental hygiene, recreation, etc.
- Well selected, well kept posters on walls in nurse's room and rest rooms.
- Authoritative literature on various subjects available.
- Talks to groups of students and faculty members.

First Steps

1. Decide with physician and college administrators how much of this program can be carried out.
2. Plan and equip office and infirmary room.
3. Get standing orders from physician in charge or local medical society for first aid, emergencies, policies of follow-up and health teaching.
4. Arrange schedule of work and office hours.
5. Correlate work with physical education and home economics teachers and dean.

Hints for Nurse

- Establish friendly informal relationships with students so they will tell you their health problems.
- Study mental hygiene and the problems of young people.
- Get suggestions from teachers. Have individual conferences with them about students whenever possible.

State ERA Activities in Public Health Nursing*

(Continued)

ILLINOIS
(Cook County not included)

In December, 1933, Mrs. Mary Moon, Director of Woman's Work, Illinois Emergency Relief Commission, approached the President of the State Nurses' Association relative to the employment of nurses. A committee, appointed from the State Nurses' Association, outlined a plan for securing work for nurses and giving needed service to various communities. This plan was based on the policies suggested by the American Nurses' Association and National Organization for Public Health Nursing. The nurses' eligibility for the work was based on their financial status and was determined by representatives of the Illinois Emergency Relief Commission.

The committee immediately got in touch with the officers of the District Nurses' Association encouraging them to reach unemployed nurses who were eligible for the work and to stimulate local official organizations to submit projects for nursing service.

Numerous projects were submitted to the Director of Woman's Work for nursing service, mostly for some phase of public health nursing service. Requests came from county superintendents of schools, city school superintendents, health officers, and county boards of supervisors. The majority of the agencies requesting nursing service were very emphatic in their requests for a qualified public health nurse. Many school superintendents stated that if local graduate nurses who had no training or experience other than hospital and bedside nursing had to be assigned, they did not wish nurses placed in their schools.

Very few projects for institutional nursing service were submitted or approved. This was unfortunate as the majority of nurses applying were qualified for only this phase of nursing.

Public health nursing projects were approved by the Director of Woman's Work only when the Division of Child Hygiene and Public Health Nursing, State Department of Public Health, approved of the program and the supervision of the nurses assigned.

A state-wide project, requested by the Director of the State Department of Public Health, was approved for 150 nurses. Thirteen local public health nursing projects were approved, employing 46 nurses.

The qualifications of the nurses appointed to positions under the Civil Works Service were cleared through the Division of Child Hygiene and Public Health Nursing, State Department of Public Health, and the Midwest Nurse Placement Service. The nurse registration of each applicant was verified with the Department of Registration and Education and approval of her professional qualifications was secured from a committee of the Nurses' Association of the district in which she lived.

The 150 nurses employed on the state-wide nursing project of the State Department of Public Health were assigned to 48 counties. In localities where there were well established public health nursing agencies, the CWS nurses were assigned to them for work and supervision. In counties where there were no public health nursing agencies, the CWS nurses were placed under the supervision of the nine nursing supervisors of the State Department of Public Health or the seven CWS nurses who were qualified to give supervision. With the 31 supervisors of local agencies, this made 47 supervisors giving supervision to 150 Civil Works nurses.

*Continuation of the series of state reports on ERA activities published in February.

The service carried on varied, depending upon the program of the agencies giving supervision. While the nurses carried on school nursing activities, gave bedside care, followed up tuberculosis contacts, assisted with dental surveys, organized and taught classes in Home Hygiene and Care of the Sick, helped with trachoma surveys and arranged for trachoma clinics, emphasis was placed on such activities that would improve the nutritional status of children and promote immunization against preventable diseases.

The results of the Civil Works Service varied, depending on the ability of the nurses employed. In communities where the nurses were trained and experienced in good public health nursing procedure most satisfactory work was done. Three permanent nursing services have resulted from the work.

On April 1, 1934, the state-wide public health nursing service project was changed from Civil Works Service to Work Relief, which necessarily made changes in the personnel. The salaries of the nurses were also reduced from $35 a week for a thirty-hour week to $1.10 an hour for a twenty-four-hour week; $20 a month for transportation was allowed for each nurse on Civil Works Service; on Work Relief, expense accounts had to be submitted and no monthly account could exceed $20 a month.

On November 26, 1934, the state-wide public health nursing project was discontinued. At the present time, February, 1935, there are eight local public health nursing projects employing approximately 20 nurses.

A number of public health nursing organizations, giving bedside nursing service, have made arrangements with the County Emergency Relief Commission to pay for nursing care for their clients on a cost per visit basis. In this way additional nurses have been given work. Nurses employed were secured by the local organizations, who selected them with regard to their fitness for the work.

LEONE WISE WARE, R.N.,
Supervising Nurse, Division Child Hygiene and Public Health Nursing, State Department of Public Health.

IOWA

Through the coöperation of the Iowa State Emergency Relief Administration, the Iowa State Department of Health, and the Iowa Association of Registered Nurses, an emergency nursing service has been carried on in this State since the close of CWS-CWA in April, 1934.

The State Director of Public Health Nursing was appointed by the Iowa State Association of Registered Nurses to act as chairman of the emergency nursing committee during the time CWS-CWA was in effect and has continued in that capacity up to the present time.

The Iowa Emergency Relief Administration assigned a qualified public health nurse during CWS-CWA to assist the State Director with her regular duties as well as with the emergency nursing service program. This public health nurse continued to serve after the close of this program, and is still on duty.

In October, 1934, six additional qualified public health nurses were assigned through the administrative staff of the Iowa Emergency Relief to work with the district social workers on major health problems in the homes of families on relief in the counties. These nurses were assigned to specific districts, to correspond with those of the district social workers, and are supervised by the State Director of Public Health Nursing.

The district advisory nurses have found a very fertile field for their services. There are many problems in the State with which the social workers have been burdened that relate specifically to nursing service; many disturbing factors have entered into the health side of relief problems and the advisory nurses have accomplished a great deal in making more harmonious the conditions that are in existence. They have acted as buffers for the social workers, the county boards of supervisors, the medical profession and the local relief committees. They have brought before the local authorities the need for public health nursing in many counties; they have been able to assist physicians who

are responsible for the indigent sick; they have suffered hardships due to inclement weather to bring to the needy the nursing service they would not have received from any other source.

Under the emergency educational project in Iowa, it has been possible to assign nurses to nursery schools in the State. At the present time there are seventeen nurses assigned to this particular project; more could be assigned if they were not required to be eligible for relief. These nurses are paid from funds appropriated for the emergency educational projects. They are not assigned until their qualifications have been passed upon by the State Director of Public Health Nursing.

Where there are qualified public health nurses available they assist with the supervision of nursing service in the nursery school; otherwise, their work is directly supervised by the district advisory nurses and the State Director of Public Health Nursing.

Many individual physical needs have been discovered and corrected through this movement.

Beginning September 15, nurses either on direct relief or those who would be within a short time if not employed have been given employment in various nursing service projects. The program has been well organized. It was found that the majority of nurses who were forced to accept this type of service, were nurses who had family obligations; married nurses whose husbands were physically unable to provide for their families; or widowed nurses with families; only in a very few instances were younger nurses without dependents placed on projects.

The district presidents of the Iowa State Association of Registered Nurses were appointed as members of the emergency nursing committee and they in turn appointed a representative nurse from each county in their districts, to assist the state chairman in placing the needy nurses on emergency nursing projects. These nurses were not assigned to public health nursing positions. The majority of the services related to nursing care for those in families on relief.

Thirty private duty nurses have been assigned to emergency nursing projects; of these, seventeen are working directly under the supervision of local visiting nursing directors, and their services are confined entirely to the care of the indigent sick; three are assisting regularly employed school nurses in the control of contagion; the balance are doing bedside nursing in homes of relief families, and their work is supervised by the district advisory nurse.

Nurses have not been encouraged to accept such assignment, as the compensation is on a sustenance basis only; in fact, an effort has been made by the Iowa State Association of Registered Nurses to find permanent positions for these nurses, so that they will be compensated according to the skilled service they are rendering in their professional capacities.

There have been many requests for nurses that could not be granted, as nurses must first be approved by the local social worker as being eligible for relief before a project can be created through the Women's Division of the State Emergency Relief Administration. There are not a large number of graduate nurses in Iowa whose economic status comes under this classification.

These projects have stimulated an interest in public health nursing throughout the State, and it is our hope that 1935 will see the development of permanent public health nursing services as well as an increased interest of graduate nurses in preparing themselves for the public health nursing field.

EDITH S. COUNTRYMAN,
State Director, Public Health Nursing.

LOUISIANA

No State ERA activities in public health nursing to date.

MISSISSIPPI

Dental Hygiene Project: The ERA Dental Hygiene Project directed by the supervisor of mouth hygiene was in operation in Mississippi nine months, March 5-December 6, 1934. Six dental hygienists were employed, four white and two colored. This is perhaps the only project in any state in which the

entire group of unemployed in that profession was given employment.

It was possible for the State Board of Health to furnish two of these workers with portable chairs and one with a travel allowance. Since the others were unequipped to do prophylaxis or furnish their own transportation, their location and length of stay was largely determined by the coöperation of the counties in supplying these needs.

The hygienists worked in thirty-four counties, remaining from one to eleven weeks. Seven of these counties had the services of both white and colored workers, and in a few it was possible to have the hygienist make a return visit after six months. They cleaned the teeth of 6,608 persons. Other activities included conferences with parents, talks to adult groups, and stimulation of parent-teacher associations and other organizations to have corrective work done for the indigent.

That interest did not cease with the project is indicated by the fact that three dental hygienists are now employed on the basis of having communities match funds with the State Board of Health and ERA for the dental hygiene service.

GLADYS EYRICH,
Supervisor, Mouth Hygiene, State Board of Health

Public Health Nursing Project: The special public health nursing project sponsored by the State Medical Auxiliary and financed by Federal funds through the State Board of Public Welfare, was delegated to the State Board of Health and supervised by the Bureau of Child Hygiene and Public Health Nursing. This was one of the first statewide projects of the Woman's Division of the Emergency Relief Administration.

The budget provided funds for one state supervisor, four district supervisors, 82 county nurses, a stenographer, and a clerk.

Applications were submitted in the routine manner as though for a permanent position and professional credentials were assembled. Nurses chosen were graduates of accredited schools of nursing, twenty per cent had attended college from one to four years, those living in Mississippi but registered in other states were required to register in Mississippi, and all who were placed joined the Mississippi State Nurses' Association.

One state institute on maternal and infant hygiene and two regional conferences for nurses were held. The first regional conference dealt with policies and techniques, and the second with communicable disease control, stressing diphtheria, typhoid fever, and tuberculosis. Nurses of the special project took an active part, and though no travel expense was provided, the attendance was excellent.

Active work began February 25, 1934. All nurses were called in for the initial instruction, 25 the first day, 25 the second day, 12 the third day, and gradually the number was completed. Those assigned to duty were considered capable to qualify with supervision. With this method the turnover was small.

It was deemed advisable to major in one definite project, the teaching of *home, personal,* and *community hygiene,* to school children, boys and girls, and to adults. The course aimed to equip the pupils to become living examples and teachers of hygiene; to teach how to be of service in their own homes to the sick under the care of the family physician; and to instruct how to aid in the control and elimination of communicable diseases.

The course of instruction extended over a period of eighteen, twenty-four, or thirty hours, as indicated; eighteen the minimum, twenty-four the average, and thirty hours for teachers in summer normal schools.

The classes were organized with a leader, secretary, and two committees. A slogan was chosen and definite projects were carried on in connection with the class instruction with emphasis on the protection of the infant and preschool child against diphtheria.

At the completion of the course a class play by the students depicted to the public what had been taught; certificates were awarded to those successfully completing the course; and a talk

was given by the superintendent of schools or the county health officer. The attendance of parents and others in the community broadened the scope of the work.

Splendid support was given by the medical, dental, and nursing professions, county health officers, county and city superintendents of education, principals of schools, teachers, ministers, civic clubs, and boards of supervisors. In many counties boards of supervisors furnished supplies, such as cotton and alcohol, also toxoid, and in some instances transportation. Emergency Relief Administration county welfare agencies also supplied toxoid for children on relief or for border line relief cases; and in many ways aided the nurse in clerical work, transportation, and by stimulating the interest in adult classes. Enthusiastic individuals loaned their homes for practical demonstrations.

Incidental to the course, home visits were made to prenatal, infant, preschool and school children, to tuberculous and other communicable disease cases, and bedside care and demonstrations were given in the homes for the purpose of teaching. Immunization programs against smallpox, diphtheria, and typhoid fever were organized. In addition to lectures given to the classes, many talks were given to local clubs. Besides the distribution of literature, posters on health subjects were made by the pupils under supervision of the public health nurse instructor.

It is felt that the by-products of the special public health nursing project will be manifold. Observers of the work have expressed the opinion that the pupils have spontaneously become interested in family and community health activities, which when recognized and evaluated by adult members of the community, will create an assumption of responsibility in members of the home toward community health programs; and will generate a better understanding of the scope of the work and the need for its support and maintenance.

A few statistics follow:

March-December, 1934—

Hygiene class certificates issued	13,770
Individuals immunized:	
Smallpox	4,941
Diphtheria	27,009
Typhoid fever	251,846
Total field visits	13,523
Bedside care—for purpose of demonstration	731

MARY D. OSBORNE, R.N.,
Associate Director,
Child Hygiene and Public Health Nursing.

NEBRASKA

When the various plans were being submitted by the Federal Government to provide work for the unemployed in Nebraska, the nurses were considered in the general scheme, and in so doing many families since the beginning of the relief program have had the advantage of nursing service and a great number of our patients have received the comforts of a nursing care heretofore unknown to them. No small part of the nurse's time has been used in interpreting to the communities the service they are prepared to give. They have made many visits to physicians' offices, innumerable visits to public officials and lay-people whose understanding and support were needed to make the work effective in the community.

Throughout the existence of the Federal set-up many nurses have received employment by being assigned to different types of nursing projects, such as:

Statewide projects, placing nurses in their home counties with a definite responsibility of service to families on relief
Health and Nutrition Centers
Nursery Schools under the direction of the State Department of Education
Miscellaneous projects, including tuberculosis surveys, dental surveys, malnutrition surveys, sanitary surveys, communicable disease control and white collar employment

Although there have been and still are numerous nursing projects, I will describe the nursing service conducted on the statewide plan and classified as a community nursing service. The purpose of this program is to place graduate, registered nurses in their home counties covering the same area as that covered by the relief set-up, so as to give service to all families on relief. A suggested program is supplied each nurse and, after conferring with the local ERA

Committee and the supervisory nurse, the program is planned to meet the needs of the community, keeping in mind their ability to carry out such a program. The following outline of services is featured as a part of the statewide community nursing program:

Maternity service
Infant and preschool health advisory service
Home visits to families to determine health needs
Instruction in home hygiene and care of the sick
Hourly bedside nursing service to families on relief where adequate care cannot be provided otherwise

The Community Nursing Service is the largest nursing project instituted under the SERA, and at the present time the nursing staff consists of four district supervisory nurses and 79 field nurses who render their services to 54 counties.

In the beginning of the administration the nursing service functioned under pressure. Emergencies had to be met; services had to be organized quickly. The field nurses received their preliminary instructions at that time at regional conferences. Since that time, however, a definite plan for staff instruction has been carried out in Lincoln and Omaha, and for the nurses serving the rural area, study groups conducted by the district nursing supervisors have been organized. The first institute featured mental hygiene and was arranged by the Nebraska League of Nursing Education. The second institute pertaining to maternal, infant and child care was sponsored by the Children's Bureau, Department of Labor, Washington, D. C.

We do not hesitate to say that our nurses have received many benefits from the educational opportunities presented to them. It has given them a better understanding of their work and has prepared them to go into their own communities better fitted to render more efficient service.

In summing up the achievements of the Nebraska Emergency Relief Nursing Service it would be difficult to state just how much has been accomplished. However, we do know that emergencies have been met, obstacles have been overcome, lives have been saved, illnesses prevented, and the family health improved. A statistical summary of services follows for the year 1934:

Days on duty	5,706
Defects corrected	3,553
Class hours, Home Hygiene and Care of the Sick	525
Patients	18,742
Maternity visits	16,719
Morbidity service	19,238
Health supervision	19,571
Total visits	55,528

MINNIE J. STROBEL, R.N.,
Director of Nursing Service,
State Emergency Relief Administration.

NEVADA

On January 4, 1935, a temporary medical relief program was given FERA approval for a four weeks' period. This project was drawn up under the direction of the State Board of Health and directed by the Nevada Public Health Association. A fee schedule submitted by the Dental Society was accepted and each regularly licensed and practicing dentist in the State was allowed to do work up to but not exceeding $40 for the month of January.

The major aim of the entire program was to secure as many corrections of handicapping defects among school children as possible during the short time allowed, and only families actually on relief rolls were eligible for treatment. All cases applying for assistance were cleared through the relief office by the nurses to ascertain that only people entitled to treatment were seen by the physician or dentist.

Sixteen physicians from all parts of the State were employed at a salary of $25 per week for giving two or three hours daily to treatment of relief cases. Persons in need though not on relief were not considered as eligible for this service. Nine graduate registered nurses were placed in the five districts which make up the State. These nurses were certified by the social service department before being approved for work on the program, and only nurses having a budgetary deficiency were accepted.

During the three-weeks period in January, 280 people were given emer-

gency dental care. As the program developed it was found to be advisable to include the adults who upon investigation proved to be in greatest need of dental care, so that the program was not limited or restricted to children.

This procedure was also found to be advisable with reference to the fitting of glasses. Some of the women employed on sewing projects were handicapped by extremely poor vision. Not a few people came into the office wearing glasses that they had purchased at the ten-cent store. In all cases services of the best oculists available were secured and a flat rate was charged for glasses. The fund allowed by the FERA for glasses and medical supplies was small and was used up early in the program, due to the great numbers of people applying for aid. Prescriptions and hospitalization were furnished by the counties.

More than 400 people came into the Reno office during the time of this program, and at present there are some 125 people who have applied for medical care since the close of the program. Lack of time prevented the development of a maternal health program, but daily calls are being received for assistance of this nature.

It is of the utmost importance to people who are being carried on relief rolls to have this medical, nursing and dental care, and it is to be regretted that lack of funds made it necessary to temporarily discontinue the program on February 7.

CHRISTIE A. THOMPSON, R.N.,
State Nursing Director,
Nevada Emergency Relief Administration.

NEW MEXICO

At the beginning of the work of ERA nurses, the State Supervisor of Public Health Nursing planned with the State Relief Administrator to make each county responsible for the appointment of FERA nurses, the names being submitted to the State Supervisor for approval. It was also agreed that no nurse should be placed in a county without adequate supervision.

At present three counties have ERA nurses—10 nurses in all—all under trained public health nursing supervision.

GRACE M. COFFMAN, R.N.,
Supervisor, Public Health Nursing,
Bureau of Public Health.

OHIO

In spite of early and enthusiastic interest in the plan for giving unemployed nurses jobs on State ERA projects, the Ohio State Nurses' Association, through its advisory committee, is unable to date to report other than local projects, which have used in all about 167 nurses in various capacities, many of them in public health work. The State Health Officer reports no statewide FERA projects in public health nursing at present.

ELIZABETH P. AUGUST,
General Secretary,
Ohio State Nurses' Association.

OKLAHOMA

No State ERA activities in public health nursing to date.

PENNSYLVANIA

School Nursing Activities: A statewide project to provide school nursing service was set up in Pennsylvania in January, 1934. The project was financed by Federal Emergency Relief Administration funds secured through the State Emergency Relief Board, and 170 nurses were employed. In addition to the nurses, the project included a supervisor, a stenographer, and a timekeeper in the central office.

This project was supervised by the School Nursing Advisor in the Department of Public Instruction. The number of nurses allocated to each county was determined on the basis of the number of families in the county on relief, and the number of pupils in the county without school nursing service. With a few exceptions, where five or more nurses were assigned to one county an additional nurse was added to act part time in the capacity of supervisor. The nurses were assigned to the county through the county superintendent of schools and re-assignment to the districts was made by him under the general direction of the School Nursing

Advisor in the Department of Public Instruction.

The greatest problem encountered in the functioning of this project was lack of preparation of the nurses. It is the opinion of those who administered the project that in the future such a project should include a period of preliminary training—two weeks if possible—before the nurse is assigned. The difficulty in this, of course, is the training of those who replace those nurses who drop out.

Even with this and other problems which seemed at times almost insurmountable, the results accomplished were of inestimable value. One county superintendent is quoted as follows: "Personally, I consider this project . . . one of the most valuable CWA projects that the county has had."

Reports made by the nurses employed on this project indicate quite clearly some of the outstanding accomplishments. These include over 30,000 home visits, 319 prenatal visits, toxoid treatments given to 17,110 children, and over 9,000 physical handicaps corrected including 15,000 vision, 6,750 teeth, 851 tonsils, and 103 hearing.

MRS. LOIS OWEN,
School Nursing Advisor,
Department of Public Instruction.

RHODE ISLAND

In January, 1934, a State Nursing Advisory Committee consisting of representatives from the Rhode Island State Nurses' Association, the Rhode Island League of Nursing Education and the Rhode Island State Organization for Public Health Nursing, was appointed to serve in an advisory capacity to the State and local directors of Women's Work in Rhode Island, under the FERA. Winifred L. Fitzpatrick was elected Chairman and Annie M. Earley, Executive Secretary of the State Nurses' Association, served as Secretary.

Within the year 66 nurses were placed on projects under CWS and ERA. The greater number of these nurses were assigned to State hospitals and other State institutions. A few were sent to local general and maternity hospitals, and 10 were placed in the public health nursing field both under public and private administration.

Applications of all nurses applying for work or relief were referred to this Committee. The Committee checked the information contained in these blanks with the Hospital Training School Registry, State Nurses' Association, and the Board of Nurse Examiners.

Problems of hours of work, salaries and adjustment have been brought to this Committee for discussion and advice.

At the request of the State Director of Women's Work, on April 1, when the CWS went out of existence, this Committee investigated the resources of the nurses still employed on State projects. This investigation was made by Mrs. Helen Batchelder, a member of the Committee, and a nurse who has had long public health experience.

At present there are six nurses employed on ERA projects and all are engaged in nursery school work, as within the last few months a number of nursery schools, for children of families under ERA, have been opened. Every one of these six nurses has had public health training as an undergraduate student, and all are under the supervision of trained public health nurses either in private or public agencies. The supervision at present is purely voluntary.

WINIFRED L. FITZPATRICK, R.N.,
Chairman,
State Nursing Advisory Committee.

WISCONSIN

Nursing programs were carried on in this State under the Civil Works Service program during the month of March, 1934, and under a statewide FERA project from July, 1934, through November, 1934. There were two nursing programs with which the State Board of Health had association under the Civil Works Administration. They were carried on within the counties in coöperation with the county committees on child health and protection, which were formed following the organization of a state committee on child health and protection during the preceding December and the Secretary of Labor's con-

ference on child health and nutrition in October.

Under the CWA child health nursing project, supervised by the State Board of Health, one nurse was assigned to each of the 57 counties of the State accepting the program. Through the school teacher, social worker, family physician, and others, the nurse sought out those children who were in need of food, clothing, or medical or dental care, and attempted to secure for them the needed care through whatever facilities the county offered. This project was in effect from February 26, 1934, to March 31, 1934.

The CWS school health project employed 347 nurses and a number of physicians, dentists, dental hygienists, and clerical assistants, working in the 48 counties coöperating, and was aimed initially toward detecting physical defects as they were found to exist in the age groups examined (from the kindergarten through the sixth grade), and securing their early correction through the organized coöperation of parents, physicians and dentists and local agents for care of the indigent and border-line families. This project was planned and sponsored by the State Medical Society in coöperation with the State Board of Health, and was in effect from March 9, 1934, to March 31, 1934.

Both projects were expected to continue for a longer period of time, but with a change in relief employment policies, funds were unexpectedly withdrawn, and the projects abruptly terminated. Other local nursing projects throughout the State were in effect a varying period of time under the CWA program. The State Board of Health was not directly associated with them, however, and definite reports regarding the number of nurses employed, the length of employment, and accomplishments cannot be submitted.

In July, 1934, a FERA child health nursing project was approved by the Emergency Relief Administration for the employment of 56 nurses and four supervising nurses in the counties of the drought area of the State, the program to be directed primarily toward the protection of the health and nutrition of children of families on relief, or who, though not on relief, were nevertheless in need. This program was continued from July, 1934, through November, 1934. The nurses employed under the program were appointed by the Bureau of Child Welfare and Public Health Nursing, State Board of Health, on the basis of their public health training and experience, their apparent need for employment, and their fitness and adaptability for the work. During the time the project was in effect, the nurses visited 15,324 children. Provision for the needs found and for correction of physical defects was made as far as possible through whatever agencies were available. The termination of the project, because of expiration of the funds, was received with the greatest regret by the counties in which it had been operative. Urgent requests for its continuation were received by the State Board of Health and the Wisconsin Emergency Relief Administration from county boards of supervisors, chairmen of county child welfare committees, county relief departments, and interested individuals. Up to the present time, however, funds for continuation of the program have not been available.

CORNELIA VAN KOOY, R.N.,
Director, Bureau of Public Health Nursing, State Board of Health.

The N.O.P.H.N. "Survey of Public Health Nursing" and Your Service

Recently the public health nursing staff of the American Red Cross took the N.O.P.H.N. "Survey of Public Health Nursing"* in the United States and used it to appraise its own Red Cross nursing services. The method followed holds many suggestions for other staff groups wishing to evaluate their services in the light of the recommendations of the *Survey*. With the permission of the American Red Cross we are describing the method used by its staff.—*The Editors.*

A summary of the *Survey* recommendations was made as follows:

A. *Organization*
- I. Studying community needs first and foremost.
- II. Accepting the *family* as a unit for health work—not the individual alone
- III. Avoiding duplication of services
- IV. Selecting representative committees
- V. Supplying nursing service to all on the basis of financial ability to pay

B. *Qualifications*
- I. Maintaining qualifications for public health nurses
- II. Concerning student affiliation
- III. Improving quality of nursing work
- IV. Conserving the health of the nurse

C. *Records*
- I. Preparing uniform and interesting reports at regular intervals

D. *Performance*
- I. Increasing skill in performance

The details of the recommendations were then specifically given under each main topic as follows:

A. *Organization*
- I. Every community should be studied in reference to its social, economic, and health needs, with emphasis laid on necessity of regarding public health nursing as simply one part of entire public health program (frequently the foundation of a unified community program).
- II. Whole family should be considered the unit of work. (See N.O.P.H.N. Manual.)
- III. Duplication of services should be avoided, but correlation promoted.
- IV. Every lay committee should be representative. (Ref. *Survey*, p. 15, end of first paragraph.)
- V. Service should be available to entire community, and fee adjusted to financial ability of family.

B. *Qualifications*
- I. Better qualified nurses and continuous staff education. (In the *Survey* one-third of the nurses only had had any theoretical public health training; only seven per cent had completed an accredited postgraduate course in public health nursing.)
- II. Agencies carefully analyze their own situation before accepting student affiliation.
- III. All public health nursing agencies provide for and improve present supervision.
- IV. Agencies gain knowledge of the health of nurses before appointment and make provision for continuous health supervision.

C. *Records*
- I. Uniformity in reporting for interpretation of service and comparison with other services. (*Survey*, p. 16.)

D. *Performance*
- I. Nurses' visits should be considered according to—1. Approach; 2. Technique; 3. Adequacy of care; 4. Teaching. (According to findings of *Survey*, performance was rated as follows: 1. Approach; 2. Technique; 3. Adequacy of care; 4. Teaching.)

A chart was then prepared to use in applying the recommendations to the Red Cross services—under these headings: Recommendations of Survey; Red Cross Policies; Weaknesses; Strength; Goals.

Taking just one recommendation under the division B. Qualifications, we will carry it out as the Red Cross worked with it, with headings for each.

*The Commonwealth Fund, 41 East 57th Street, New York, N. Y. $2.00.

Recommendations of Survey	*Red Cross Policies*	*Weaknesses*	*Strength*	*Goals*
II. Agencies carefully analyze their own situation before accepting student affiliation	Does not recommend student affiliation in Red Cross services	1. Have accepted affiliations without proper facilities	Do not recommend student affiliations	Discontinue student affiliations

After the chart had been carefully filled in a summary statement of *Goals* was prepared and circulated to the staff.

HONOR ROLL

The April Honor Roll of public health nursing agencies holding 100 per cent nurse membership in the N.O.P.H.N. Asterisks indicate number of years an agency has been on the Honor Roll.

CALIFORNIA
- **Elementary Schools, Santa Ana

CONNECTICUT
- *Visiting Nurse Association, New London

FLORIDA
- ****Marion County Public Health Nursing Service, Ocala

GEORGIA
- **Savannah Health Center

ILLINOIS
- ****Winnetka Relief and Aid Society

INDIANA
- ****Public Health Nursing Association, Evansville
- ***Public Health Nursing Association, Indianapolis
- ***Public Health Nursing Association, Terre Haute

IOWA
- *Public Health Nursing Association, Cedar Rapids
- ****Visiting Nurse Association, Davenport

KANSAS
- ***Visiting Nurse Association, Kansas City

LOUISIANA
- ***Industrial and Visiting Nurse Staff, Baton Rouge Division, Standard Oil Company, Baton Rouge

MAINE
- ***Woman's City Club, Calais

MARYLAND
- **Caroline County Health Department, Denton

MICHIGAN
- ****City Department of Health, Detroit
- ****Visiting Nurse Association, Detroit

MONTANA
- **Butte Anti-Tuberculosis Society
- *Metropolitan Life Insurance Nursing Service, Butte
- **Beaverhead County Public Health Organization, Dillon
- *Valley County Nursing Service, Glasgow

NEW HAMPSHIRE
- **Center Ossipee Chapter, American Red Cross
- ***Groveton Chapter, American Red Cross
- **Hinsdale Red Cross and Public Health Association
- ***Lancaster Public Health Association
- ****Lincoln Chapter, American Red Cross
- ***Peterboro Chapter, American Red Cross
- **Visiting Nurse Association, Rochester

NEW JERSEY
- ****Metropolitan Life Insurance Nursing Service, Trenton

NEW MEXICO
- **Otero County Nursing Service, Alamogordo
- ***Torrance County Nursing Service, Estancia
- ***DeBaca County Nursing Service, Fort Sumner
- **Lea County Nursing Service, Lovington

NEW YORK
- ****Albany Guild for Public Health Nursing
- ****National Society for the Prevention of Blindness, New York City
- *Public Health Nursing Association, Rochester

NORTH DAKOTA
- ****City Health Department, Fargo

OREGON
- *Umatilla County Public Health Association, Pendleton

PENNSYLVANIA
- **Latrobe Chapter, American Red Cross
- ****Visiting Nurse Association, Reading

RHODE ISLAND
- ***Visiting Nurse Association, Bristol
- ***Richmond Visiting Nurse Association, Carolina
- ***North Providence District Nursing Association, Centerdale
- **Universal Winding Company, Cranston
- *Jamestown Branch, American Red Cross
- **Middletown Branch, American Red Cross
- ***John Hancock Mutual Life Insurance Company, Newport
- **Metropolitan Life Insurance Nursing Service, Newport
- **Scituate School Department, North Scituate
- ****Pawtucket and Central Falls Chapter, American Red Cross, Pawtucket
- **Portsmouth Branch, American Red Cross
- **Sayles Finishing Company, Saylesville
- **Warren School Department
- ***Visiting Nurse Association, Warren
- ****Public Health Nursing Association, Woonsocket

TEXAS
- ***Dallas Public Schools

UTAH
- ****Metropolitan Life Insurance Nursing Service, Salt Lake City
- ***Utah Tuberculosis Association, Salt Lake City

VIRGINIA
- *Metropolitan Life Insurance Nursing Service, Danville

WISCONSIN
- *City Health Department, La Crosse
- ***Visiting Nurse Association, Neenah
- ***Marathon County Health Department, Wausau

Five Years of Work in Athens, Greece

A DEMONSTRATION IN PUBLIC HEALTH NURSING SERVICE

By MARY COBURN

(Continued from March)

In the second year of the demonstration a six months' course in prenatal care was followed by another course in the care of the small child. In the first half of 1933 a course in first-aid was given, combined with instruction about the preschool child, and in the last half of 1933 the previous material was reviewed; in addition, the causes of malaria and the sanitary laws of Greece were fully discussed. In 1932 and 1933 the number attending the classes increased steadily, until by June, 1933, the enrollment was 1,207 mothers and the attendance a weekly average of 2,699. The number at one session varied between 60 and 75.

The results of this teaching, both at the clinic classes and in the follow-up in the individual home are tangible evidence that the women practiced what was taught them. The following comparative table shows some of the changes in practices.

CHANGES IN PRACTICE

	1930-31	1931-32
Reported fewer flies	904	5000
Exposed children to summer sun	404	2000
House ventilated	716	1500
Sleep with windows open	739	1194
Recognize tuberculosis symptoms	656	1500
Trying to prevent tuberculosis	516	2000
Skilled in practical care of sick	576	1480
Know how to disinfect rooms	736	2000
Know how to nurse contagion	736	1100
Improved housekeeping methods	400	1700
Improved child care	1500	3000
Improved mother care	75	900
Improved sanitation of home	500	2500

No babies were wrapped in swaddling clothes after the first year of teaching.

The preparation and care of the food has been affected markedly. Out of 1,332 families, it was found in the survey of 1933 that in 1,207 of them meals were planned to give a balanced diet. These were the families whose women attended the classes of the clinic. While no more money was available for balanced meals, the women had become conscious of the necessity of protective foods, of the difference between a diet for infants and that for adults. Purees of vegetables have been substituted for whole soy beans. Instead of throwing away vegetable water it is now kept and used in soup. Formerly *all* the money went to buy bread; now a portion of it goes to buy green vegetables instead. Coffee and tea are no longer given babies. If milk is not available, soup is substituted.

Every smallest item has been considered and put to any possible use. Oil tins have been converted into vegetable gardens; fresh tomatoes and a few leaves of lettuce may be had from the two or three tins in front of each home. When possible the family keeps one hen, and thus gets an occasional egg for the table. Goat milk has been recommended for the babies rather than cow's milk, which frequently carried tuberculosis.

Food is not only cooked in a more nourishing fashion, but it is kept in covered tins or screened boxes, away from vermin and flies. It is served at regular hours. Children's faces and hands are washed before they sit down to the table, where their food is served in individual dishes, and frequently before the adults of the family have their meal.

Proper ventilation is a new idea, but increasingly understood and put into practice. The roofs of most of the barracks have been punctured by small "sky-lights" which let in sun. The win-

dows are left open at night. Wherever it is possible, families have procured screening.

Kaisariani Camp. A clinic mother learns that a straight bed, with sun and air, will keep her baby well

Beds are aired. Whitewash is used constantly so that vermin are held in check. Women buy a small quantity of lime and whitewash their walls and floor three or four times a year and dab it on special places every day—around the beds and cupboard. Board floors are scrubbed twice a week. The furniture is dusted and wiped down with a damp cloth instead of being flicked carelessly.

Children are bathed all over twice a week in the winter and every day in summer. Clothes are changed and washed regularly in hot water. Incidentally it should be noted that to get the women to use hot water for dishes and clothes and baths, to get them to wash their children and themselves more regularly meant impressing them sufficiently so that the very considerable labor involved would not prevent them from changing their ways. Water is precious, rationed, to be used drop by drop; charcoal costs money. It meant these women had to rearrange their lives.

From July, 1932, through June, 1933, the average number of people who received milk each month were: Children, 657; men, 3; women, 28. The average number who received cod liver oil and iodotonic each month were: Children, 210; men, 1; women, 16. The average number of persons receiving ultra-violet ray treatment each month during the year was 21; these patients were given 1,419 treatments during the year, or an average of 118 per person.

SPECIAL MALNUTRITION PROGRAM FOR SCHOOL CHILDREN

A subsidiary program was started by Miss Carr, a project the government was encouraged to take over at the completion of a period of demonstration. This was the supplementary feeding of school children suffering from malnutrition, a type of project new to the Greek people. In the elementary school in Kaisariani 50 per cent of the children were suffering from malnutrition. Each child who, after examination, was found to be underweight was given one hot meal a day at the school; 307 children were put on the list, and, at a per capita cost of three cents a day for each child, were given a noon meal, in order to discover and demonstrate the effect supplementary school feeding might have as a preventative of tuberculosis. The children gained from one to two and one-half kilos a month. The results were so satisfactory that the Department of School Hygiene recommended that the Ministry of Education take over the program and put it into the budget. This it did on a much reduced scale in March, 1934.

Kaisariani Camp. A clinic mother sweeps the sewer daily to keep a fresh flow of water

In December, 1931, 512 people were added to the original area in which the demonstration started. The Minister of Health wanted to know the difference

in the health conditions of refugees housed in the barracks and those in the stone houses provided by the government directly across the street. It was found that there was three times as much tuberculosis in these houses as in the barracks, due probably to the dampness and poor ventilation.

The children born during these three years of the demonstration are in better condition because of the education the mothers have received. Over 85 per cent of the babies have improved in health since they are no longer wrapped in swaddling clothes, and are bathed, fed and aired properly.

SPECIAL CAMPAIGNS

In October, 1932, the Pasteur Institute asked that it be allowed to work with a group of children from the Kaisariani camp on juvenile diarrhea vaccine. Ten children were selected and vaccinated. The reactions were local only and did not have any systematic value in immunity. The process was long and unsatisfactory. In June another cure was tried. This proved satisfactory and is acting as a cure for enteritis. The sixty cases treated were cured and the illness did not return. The treatment consists of bacillus-treated milk. Tinned milk is given by the clinic to the Pasteur Institute. There it is de-fatted and implanted with bacilli. A sterile technique is used and in twenty-four hours the milk is ready for use. The child drinks this milk as he would his normal feeding and there is no unusual diet to confuse the mother. The babies show immediate improvement and every sick child treated so far has recovered and stayed well.

One Greek doctor discovered that a certain kind of spider delighted in and throve on bed bugs as a diet. As these vermin were practically universal in the camp, these spiders were turned loose, one or two to each home. Bed bugs disappeared. The spiders are harmless and do not bite human beings.

Besides the educational work which the clinic has done in Kaisariani camp itself, it has been able to make a deep impression on the public health authorities of Greece. The government asked the clinic to set up a booth at the national exhibition in hygiene, held at the Parnassus Hall in June, 1933, showing how the educational work of the clinic was carried on. This was the first hygiene exhibition in Greece, and the people were astonished to see that the sun had any effect on the health of the body, or that refuse in the street and dirt under the fingernails might create bodily ailments. Approximately one hundred and eighty-eight thousand people saw this exhibit in the course of the summer.

Kaisariani Camp. One of Miss Carr's mothers with her healthy children and her clean and well ventilated home

The reduction of tuberculosis in the camp can be measured statistically but the prevention cannot be. First the statistics will be presented. They are as follows; the figures represent work among thirteen hundred and thirty-two families.

COMPARATIVE STUDY OF TUBERCULOSIS
1930-31 AND 1932-33

1930-1931—4,660 persons
Cases of tuberculosis
Total, 367; cured, 54; died, 27; remaining, 286.
1932-1933—5,184 persons
Cases of tuberculosis
Total, 310; new, 47; cured, 277; died, 0; remaining, 62.

This demonstration has taught one thing: small projects are more apt to be taken over than larger ones. "If a work is above the budget of an interested group, whether social or governmental, its prospects of being adopted are poor. The mental effect of a small project is good; it will be examined more easily and closely and will not look like a burden," observes Miss Carr. The school feeding project and a second one, the first day nursery of Greece, established by Miss Carr in a neighboring camp and so not described in this paper, have been adopted by local groups, the first by the government, the second by a private agency composed of a group of philanthropic women. The adoption by the government of the clinic is problematical.*

The budget for such a clinic is very small. The overhead for the present plant is about nineteen dollars and seventy-two cents a month. The salary of a local nurse and doctor part time amounts to forty-five dollars. The cost of this work to the Foundation has been:

1930-1931	1931-1932	1932-1933
$7,441.23	$14,812.18	$11,463.75

The government and the people have had a powerful and successful demonstration in health preservation given them. They have approved and accepted and benefited by it. Now it remains to make a part of their existence the initiative and maturity sufficient to act on what they know to be the wise thing to do. All phases of the work of the Near East Foundation in Athens are converging on this point in their programs.

*In the fall of 1934 the Athens anti-tuberculosis project was transferred from the Near East Foundation to the Greek Department of Health, and Miss Carr has started similar new work in villages adjacent to Athens with a clinic located in Marathon.

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR APRIL 1935

Iowa

Presents the

NURSE-OF-THE-MONTH

GABRIELLE NADEAU

COUNTY NURSE IN POLK COUNTY

Who finds county nursing "the most enjoyable of all types of public health nursing"

POLK County is in the central part of Iowa and covers an area of 580 square miles of which 54 are incorporated into the capital city, Des Moines. The population of the rural county is 30,000. The rural area is largely taken up with agriculture, although there are some parts entirely used for the mining of soft coal.

Public health nursing in the rural districts and small towns of Polk County, was made possible in February, 1918, through a special grant made to the Des Moines Public Health Nursing Association from the Christmas seal fund by a public health minded executive secretary of the Iowa Tuberculosis Association. A car was purchased and one nurse was assigned to the schools, which then totaled 105. Proceeds from Christmas seals and special grants from the Des Moines Community Chest financed the work entirely until 1921, and in part until 1924. In the meantime the County Board of Supervisors had voted to pay part of the cost in 1921 and in 1924 they assumed all of the budget for one nurse.

In the fall of 1920 the Polk County Red Cross Chapter had voted to finance a second nurse and an automobile because of the great need of more intensive nursing service which had been revealed by the one nurse. This support continued until 1927 when Red Cross funds were no longer available. From 1927 to 1929 one nurse attempted to cover the entire county. In 1929 the County Board of Supervisors appropriated funds for the entire support of two nurses, again appropriating the funds to the Des Moines Public Health Nursing Association, which, in turn, is responsible for assigning and supervising the nursing service.

In March, 1919 I began working with the Des Moines Public Health Nursing Association. Having been born in rural Kansas the wooded and rolling hills of Polk County still thrill my French-Canadian temperament as I drive about doing my daily tasks. Previous to graduation from Mercy Hospital Training School in Des Moines, I had received preliminary education in Kansas, together with three years' teaching experience in rural schools there. Since being on the present staff my appetite for further academic education in public health nursing was whetted by one summer school session at the University of Minnesota.

My first assignment on the public health staff was part-time school and tuberculosis nursing, respectively. Later the organization generalized its service and a district was assigned to me. In 1924 I was assigned to county nursing, which I am still doing and enjoying after eleven years. In fact, the fifth nurse assigned since 1919 is now sharing the county with me, three of the other nurses having resigned to marry or to accept other positions.

The county is divided into two districts, one for each of the nurses. A generalized service is conducted with particular emphasis on school nursing, for it is upon this that much of our work with adults hinges. The school population with which we work comprises approximately 6,000 children of all races and classes. There are fifteen town and consolidated schools and seventy-five rural schools. As nurses we work very closely with the County Superintendent of Schools at all times. At the beginning of each school year he invites us to talk to the teachers at his meeting with them, and also to attend the rally day meetings which are held in each township in the fall.

During the past eight years we have carried on an immunization program against diphtheria in all of the town and consolidated schools and in some of the rural schools. In many instances coöperation has been one hundred per cent. In recent years it has hardly been necessary to encourage this program actively, for many of the schools in coöperation with the Parent-Teachers' Association make all their plans for immunization and then call us to assist. They choose the doctor, and make the financial arrangements. The past year we have encouraged vaccination against smallpox at the same time that diphtheria immunization is being done. We are becoming interested in tuberculosis testing and have already conducted a testing program in one school where it was particularly indicated.

The Emergency Relief program which is country-wide has increased the number of calls which the social workers make upon us. Many times we are called upon to investigate cases before the doctor is sent. The county supports a general hospital, a tuberculosis hospital, and a contagious hospital, with which we have splendid coöperation.

Physicians and dentists are not employed in the schools to do routine examinations. Therefore, we aim to inspect each child every year. In addition to the activities mentioned there are many connected with the control of communicable disease and with the promotion of health education programs both in the school and the community. Among the latter activities is that of dental health education. Several years ago the Bureau of Dental Hygiene of the State University of Iowa inaugurated a dental health education program which has received state-wide support. It is designed as a project in education in which the teacher is the key person who links together the efforts of the school, the home, and the dentist. In Polk County we have been conducting this program for five years. There are three phases which are stressed, proper diet, home care, and semi-annual visits to the dentist. The project has been well worth our time for the results are quite in evidence, although the objective—satisfactory dental health for every child—has not been attained. There has been an improvement in the selection of foods, the children have better food habits, and parents are appreciating more than ever the value of an adequate diet for building and maintaining teeth. Cleaner mouths are in evidence, and more children every year visit the dentist and have dental defects corrected.

In my estimation county nursing is the most enjoyable of all types of public health nursing. Each day offers a variety of activities so that time is seldom monotonous. The problems which arise are many and challenging. Accompanying them are contacts with many kinds of people, enjoyment of the beauty which the seasonal changes in the out-of-doors offer. And last, but not least, after having been in the county over a number of years I am able to make comparisons with the first few years and find the results gratifying and worthwhile.

Dialogue-of-the-Day

PSITTACOSIS

Public Health Nurse: Parrots, parrakeets, cockatoos, macaws, love birds—

Psittacosis: That's right, and I infect chickens too, they say, on rare occasions! I am highly infectious. I go from bird to bird, bird to man, man to man. Direct contact is not even necessary.

Public Health Nurse: How long do you take to develop?

Psittacosis: Six to fifteen days, sometimes longer. No one knows much about immunity against me. The U. S. Public Health Service is studying that and measures of prevention, including the new uses of vaccine. And how sick I can make people! I start rather suddenly with sick feelings, then fever (100°-102°), headache, chills, relatively slow pulse, nosebleed sometimes, a slight cough, loss of appetite and constipation. My victim looks pale and weak, and the tongue is heavily coated. Delirium is common, with insomnia, or there may be stupor. Dyspnœa will develop, especially after a few days when a pulmonary focus of infection shows itself—like a pneumonic patch. In fact, at the start, I am sometimes mistaken for influenza, pneumonia, or typhoid.

Public Health Nurse: Patients suffering from you have to be isolated and put on strict communicable disease precautions. They have a nourishing diet, plenty of fluids, and special attention is given the mouth. The foot of the bed may be elevated, if the doctor advises it, to prevent phlebitis.

Psittacosis: Yes, that's one of my complications. I usually last about eight days to three weeks, but there may be relapses. In 169 cases, 33 people died, mostly grownups; children seem to have light cases.

Public Health Nurse: How can we recognize you?

Psittacosis: Well, of course anyone showing my symptoms who has been near birds should be suspected, and my virus appears in the patient's sputum, so that mice infected with it will develop the disease. The pulmonary condition is also quite typical.

Public Health Nurse: Well, my share in preventing your spread would seem to be to

(1) Encourage the control of imported psittacine birds by the proper authorities

(2) Understand and be able to explain the importance of interstate quarantine, inspection of aviaries and destruction of infected birds.

(3) Urge anyone showing your symptoms to see a doctor immediately

(4) Urge owners of pet birds to be scrupulously careful in handling their pets, keeping cages clean, never touching droppings and never allowing the bird to peck food from the mouth

(5) Urge isolation and the immediate attention of a competent veterinary for sick birds, explaining the dangerous character of psittacosis

(6) Assist the doctor in checking contact with birds if symptoms suggest psittacosis and insist on isolation of patient and strict precautions after case is diagnosed.

Psittacosis: Correct! Go to the head of the class.

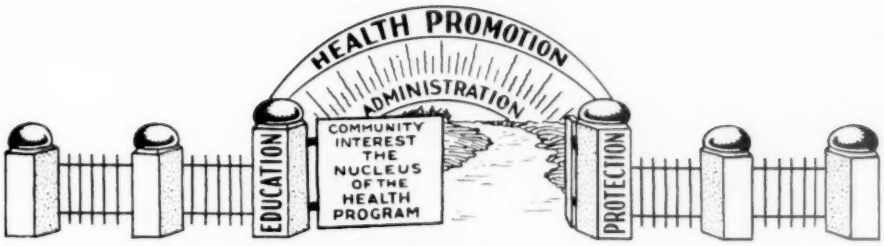
Sources of information used for this dialogue:

Psittacosis. H. E. Hasseltine, M.D. *American Journal of Public Health and the Nation's Health*, August, 1932.

Psittacosis. A. Roubakine. Monthly Epidemiological Report, League of Nations, April 15, 1930.

Psittacosis. Charles Armstrong, M.D. U. S. Public Health Service, Reprint No. 1406, U. S. Government Printing Office.

Psittacosis. Editorial. *Journal of the American Medical Association*, May 26, 1934.



BOARD MEMBERS PAGE *Edited by* KATHARINE B. McKINNEY

Eureka! A response to our cry for help. The Health Commission (composed of forty members) of La Junta, Colorado, sent us through its secretary, Florence R. Needham, the drawing which appears this month as the heading for our Board Members Page. This illustration strikes us as appropriate and well chosen and we wish to thank the Health Commission of La Junta most warmly for its contribution to this department of the magazine.

What Farm Women Want.—A brief article by Carroll P. Streeter in *The Farmer's Wife* for February, 1935, reports that 300 farm women, meeting in convention in Washington, expressed among other needs the following:

"County health units, with a full-time doctor and one or more public health nurses who are charged with helping people to keep well and, in fact, to be even healthier; more information about adequate diet; sanitation and home care of the sick; 'doctors who have a rural background—some of our own boys, for instance, who will come back to their home communities when they get out of school'; and hospitals or at least laboratories closer to farm people."

The April issue of "Listening-In" will contain a list of material which the N.O.P.H.N. publishes, and distributes free, at small cost, or on loan. It will be worth scanning this list closely to see whether you have taken advantage of these services.

Miss Davis' itinerary for the next three months touches the following places and states. Her visits include state meetings, board and staff meetings and informal round tables. Other cities will be visited en route but these are the only definite dates at the present writing:

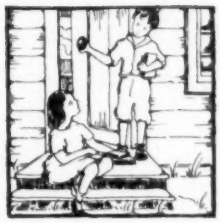
April 11. Wilkes-Barre, Pa.
16. Pittsburgh, Pa.
22-24. Denver, Colo.
May 2-4. Albuquerque, N. M.
May 8-10. El Paso, Tex. Possible stopovers in Georgia and West Virginia on return trip
June 10-14. Montreal, Canada. National Conference of Social Work.

Our readers will find the editorial on standing orders (p. 177) of interest and the articles on the following pages: 190, 200, 209, 220.

A PLACE FOR EACH

Private social work has still a great function to perform. It supplements and rounds out the whole security program. It places upon each individual the responsibility of being a good neighbor and of seeing to it that the many inequalities of life are ironed out and that each one is given a reasonable chance to be happy and contented. I would not want to live in a country in which governmental bodies did all the deeds of mercy, provided all the friendly helpfulness required. The major necessities of life that cannot be met by individual initiative must be cared for by society as a whole. Some of these are local, some are state, some have reached national proportions. The decision as to which arm of the government or whether public or private agencies shall supply the need, should be determined according to the character of the need and how it can best be performed rather than through a shuffling process of passing taxation responsibilities from one governmental unit to the other.

An Address, "Chapter 1, Volume II," by C. M. Bookman, Executive Vice-Chairman, Community Chest of Cincinnati and Hamilton County, Ohio, January 14, 1935.

SCHOOL  HEALTH

MODERN ELSIE SERIES, NO. VI

"MISS CARLING, YOU ARE NOT A TEACHER"

It was Monday morning, Miss Carling had come early to her office. She was busily planning her work for the day when the telephone rang.

In reply to her "Miss Carling speaking" Mr. Thornton said: "Miss Carling, schools are to be closed for a week or ten days. The baby daughter of a neighbor of one of the members of the Board of Education has rather a serious case of scarlet fever. There are several school children in that family. Last evening I called various members of the Board of Education and they agreed that it was important that the schools be closed. Mr. James had had a sister who died of scarlet fever when he was a youngster. He was insistent that parents would be panicky if schools were not closed."

"Does Dr. Landis know that schools are closing, Mr. Thornton?"

"Yes, he said that it was all right. He does not have time to examine each of the children individually before they come into school and he was sure it would be too much for you to do. If you will come to my office at eleven o'clock we can talk over plans for the re-opening of school."

The appointment was made. Miss Carling put up the receiver and just about dropped into her chair. "Things have been going so well in the last few weeks, and now this! The last time schools were closed for a communicable disease, I planned to find out if there were not a better way to manage, and now again 'schools are closed'," mused Miss Carling. "In a few minutes I must be in Mr. Thornton's office. If I only had something constructive to suggest!"

Just then she recalled the lines from the White House Conference on Child Health that Mr. Thornton had shown her in a previous difficulty, "The health program of the schools should be definitely and fundamentally educational in nature and scope." Certainly that includes prevention and control of communicable diseases, thought Miss Carling.

There lay also with other unread pamphlets on her desk some new ones including one on "Communicable Disease Control" from the Department of Health and Physical Education of the State Board of Education. Miss Carling recalled guiltily the institute on communicable disease control sponsored by the League of Nursing Education in an adjoining county and said aloud, "And I thought I was too busy to go! It is strange how different it seems today."

When Miss Carling arrived in Mr. Thornton's office, Dr. Landis was there.

"Miss Carling, I have just been telling Mr. Thornton that I met Dr. Belcher again this morning at the hospital.. I told him about our school being closed with scarlet fever. Dr. Belcher said they had had so many grippe colds that they had thought of closing schools also. Their school nurse, however, had just been attending a communicable disease institute in an adjoining county and came back enthusiastic about keeping schools open."

"I believe it could be done here, Dr. Landis; I could teach the teachers to help me."

"But, Miss Carling, you are not a teacher."

"You are right, Mr. Thornton, I am not a normal school graduate and have

not had courses in classroom teaching techniques, but I do know nursing techniques and nursing procedures. In all my work with the boys and girls I feel very much a teacher and try to make each experience a learning process, whether it be weighing, measuring, eye testing, or first aid."

"Certainly you do, Miss Carling. It is much easier to get my little girl to drink milk, eat vegetables, and to clean her teeth because the school nurse has told her why it is important."

"I believe also, Mr. Thornton, I could do much more than I have done to help the teachers understand the symptoms of disease and the possibilities for educating their boys and girls in health practices that would help prevent disease by keeping the schools open."

"What about the parents, Miss Carling, won't they be afraid to have the school kept open?"

In spite of his years, Dr. Landis had wonderful faith in humanity and said, "We can teach them too, Mr. Thornton. Haven't we a P.T.A. and doesn't Miss Carling go into the homes?"

Miss Carling remembered with chagrin that she had recently been asked by the P.T.A. to talk to the group and had implied that she was too busy. She hadn't even been to any of their meetings for several weeks.

"With Dr. Landis to help, we certainly can work out a plan in two or three weeks, Miss Carling, to present to our teachers. Let us hope it will work so well that schools will not need to be closed again for a few cases of any disease."

"I will write the N.O.P.H.N. and the Director of Health Education of the State Department of Public Instruction for advice and present their opinion of the part of the school nurse in the prevention of communicable diseases to Dr. Landis and to you, Mr. Thornton, as you suggest."

The conference was over.

"I can just depend upon good old Dr. Landis to back me up and Mr. Thornton, although he is principal, is always ready to follow suggestions from the health department," thought Miss Carling as she went back to her office with a lighter heart.

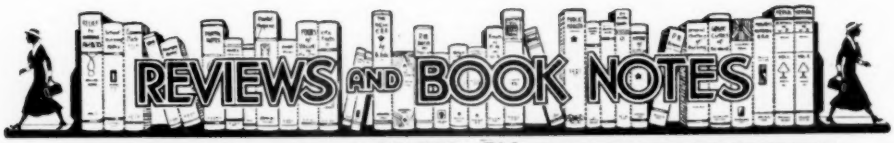
Letters were written that morning to the N.O.P.H.N. and the Department of Health Education. Bibliographies, leaflets, and descriptions of the latest practices were received in a few days.

"What a wealth of information from which to draw up plans suited to our own school," thought Miss Carling and she began her suggestions:

1. Type signs and symptoms of disease for each teacher.
2. Demonstrate to each teacher how to look for these symptoms.
3. Ask teachers to isolate or send home each child with abnormal signs in absence of nurse.
4. Explain to all the importance of urging children to remain home if they have colds or are ill.
5. Inform teachers of the prevalence of diseases in adjoining or nearby communities.
6. Have teachers adhere strictly to the system of requiring certificates from their family doctors or Board of Health officers before children return to school.
7. Explain to teachers and parents the importance of immunizations in a preventive program.
8. Explain the importance of healthful environment and right equipment for health practices at school.
9. Never lose an opportunity to talk to the P.T.A. regarding the preventive school health program.
10. Work out a routine for notifying principal and teachers when a communicable disease is diagnosed.
11. Work out a list of instructions to be sent parents to follow if communicable disease becomes epidemic. Have this approved by Health Department.

As the list grew, Miss Carling again recalled, guiltily, the institute on communicable disease control and the announcements of extramural courses which she had just cast aside with merely a cursory glance and the thought "I'm too busy." "If the health program of my school is to be 'fundamentally educational' I can and will take advantage of these opportunities in the future. Fortunately, I can learn through my mistakes."*

*Miss Carling's answer to this problem was worked out by Harriet B. Cook, Educational Supervisor, Monmouth County Organization for Social Service, Inc., Red Bank, Monmouth County, New Jersey.



EDITED BY
DOROTHY J. CARTER

PERSONNEL PHILOSOPHY AND PRACTICE IN FAMILY CASE WORK

Report of Committee on Personnel. Family Welfare Association of America, 130 East 22d Street, New York. October, 1934. Price 25c.

Interest in personnel policies and evaluation of the workers are common to both social and health agencies to an extent which makes these discussions of direct value to public health nurses.

While many of the specific recommendations for a practical personnel program conform largely to those already incorporated in public health nursing principles and practices, this group has vigorously explored below the surface of established custom and examined underlying philosophies in light of present conditions.

In essence, organizations for social work (or it might be health work) exist for a special service to communities, which is the *common goal* of both boards and professional staff. This goal is best attained when certain environmental conditions are maintained for the employed staff (adequate salaries, vacations, supervision, etc.), and when certain qualities of personal make-up and ability are sought and continuously developed in the workers employed. A special plea is made for the greatest possible individualization of each worker's contribution within the limits set by an organization's functions; also for opportunities for free interchange of thought between all persons within the organization.

In this day when the increased power coming from group thinking is becoming more widely recognized, the question is raised as to what extent and by what methods participation of all employed staff can wisely be promoted in the planning and developing of social agency programs.

In the rather wordy discussion of evaluation of the worker's ability, emphasis is placed on the need for *self-analysis* as well as a *supervisor's* evaluation. A continuing process of weighing personal capacities in terms of performance makes this evaluation a means of education—a point of view already accepted by many progressive public health nursing organizations. Can the Committee's suggestion of a third method of evaluation by *colleagues, board* and *community* be carried out successfully?

The Committee recognizes the impossibility of closing the book on many points affecting personnel policy, and has, on the contrary, raised many questions for further consideration—questions, on the whole, pertinent to health agencies also. For instance: What is a desirable balance between freedom of expression and administrative control? How much time, from a purely practical point of view, is it feasible for the case work staff to give to non-case work matters?

KATHARINE E. PEIRCE, R.N.

FOOD AND HEALTH

By Henry C. Sherman. New York, The Macmillan Company, 1934. 296 pp. Price $2.50.

Dr. Sherman, an authority in his field, has given us a new book on food, written simply yet scientifically. He defines his purpose in writing it:

"This book is the result of an attempt to crystallize the best from the voluminous findings of recent years, and especially seeks to convey a sound sense of proportion—first, as to sanitary safeguards in which the vigilance of the consumer should supplement and help to make fully effective the pure food laws; second, as to true economy in the budgeting of the food money; third, as to how the principles of nutrition are valid for all and how far they are modified by individual variations among healthy people; and finally, as to the justifiable anticipations of advances to be gained through the newer knowledge of nutrition and food values."

The keynote of the book is its emphasis on "buoyant" health rather than merely "passable" health, the former to be acquired by the improvement of diets already adequate. Repeatedly he stresses this goal. For example, in discussing minerals and vitamins he points out the desirability of taking several times the minimum requirement of these elements to secure "optimal health" for both children and adults. His scientific evidence and enthusiasm are so convincing that one wishes every one might follow his suggestions.

By following the simple rules he outlines as to kinds and amounts of "protective" foods necessary, it would be quite simple to attain the optimal diet recommended. The discouraging feature about the success of following such a course seems, to this reader at least (and many public health nurses will probably agree), to be that few families have sufficient income to follow such a high standard. The book, however, does offer suggestions for the best use of a limited income.

Dr. Sherman has the ability to present his material entertainingly without detracting from its sound scientific value. The book is full of many witty aphorisms. To quote only three: "There are three degrees of fatness—the enviable, the ludicrous, the pitiable." "It is about time for the science of nutrition to throw off the incubus of too close an identification with spinach." "To eat out of proportion to one's needs either on the side of meagreness or superfluity is culpable."

The book contains many menus illustrating its principles, valuable reference tables, and a comprehensive bibliography. Reading it should put new zest and meaning in teaching good food habits to one's patients.

BLANCHE F. DIMOND.

A RECORD BOOK FOR TUBERCULOSIS PATIENTS

By Lawrason Brown, M.D. Journal of the Outdoor Life, 50 West Fiftieth Street, New York, N. Y. In quantities of 1 to 10, 15c postpaid; 10 to 99, 10c plus postage; 100 or more, 8c plus postage.

"A Record Book for Tuberculosis Patients" is, as stated by the author, designed for the tuberculous patient to aid "in reporting more carefully, more intelligently, more scientifically" his symptoms to his physician. It is primarily a means of enabling the physician to determine the benefit derived from any form of treatment. Instructions are given for keeping a record of symptoms daily, together with temperature and pulse charts, of which there are sufficient for a complete record for twenty-nine weeks. It is a second edition of a similar booklet issued some years ago.

V. H. HODGSON, R.N.

CURRENT PROBLEMS IN CAMP LEADERSHIP

By Jackson R. Sharman. Ann Arbor, Michigan, 1934. $1.25.

As a harbinger of summer days ahead—a workbook for camp counselors and directors who will be confronted with the various problems connected with camp work. It has thirty-five units of consideration, each written by an authority on the subject, dealing with the broad problems of growth and development of boys and girls—character education, mental hygiene, and the psychology of adolescence—in addition to typical subjects of interest to camp leaders. P. B. C.

The Metropolitan Life Insurance Company has again contributed three helpful pamphlets to the field of health education: *Tuberculosis*—revised edition, *Diabetes, Man's Fight Against Disease*. Free. Metropolitan Life Insurance Company, 1 Madison Avenue, New York City.

An excellent article dealing with the Wayne County (Michigan) Medical Society's model plan to get medical care for all who need it, in lieu of health insurance, appeared in the March *Survey-Graphic*.

For those interested and working in the field of eye health, some excellent articles on sight-saving appeared in *The Sight-Saving Review*, December, 1934. (See Current Articles.)

A second John Hancock booklet on first aid, *When the Unexpected Hap-*

pens, gives directions, with illustrations, for first aid treatment in all kinds of emergencies that might and do arise, including First Things to Do and What Not to Do.

MENTAL HYGIENE

Current reading for the person interested in mental health problems. This list of references comes from Sybil H. Pease, Consultant in Social Work and Mental Hygiene at the East Harlem Nursing and Health Service, New York City. It combines the suggestions of several people.

The Folks. Ruth Suckow. Farrar and Rinehart, N. Y. $3.00.
Dusk at the Grove. Samuel Rogers. Little, Brown & Co., Boston. $2.50.
Wanderer's Circle. Cornelia Stratton Porter. Houghton, Mifflin & Co., Boston, $3.50
Experiment in Autobiography. H. G. Wells. The Macmillan Co., N. Y. $4.00.
Lightship. Archie Binns. Reynal and Hitchcock, N. Y. $2.50.
February Hill. Victoria E. Lincoln. Farrar and Rinehart. $2.50.
Forty Days of Musa Dagh. Franz Werfel. The Viking Press, N. Y. $3.00.
Not I, but the Wind. Frieda Lawrence. Viking. $2.75.
Nijinsky. Romola Nijinsky. Simon & Schuster, N. Y. $3.75.
Private Worlds. Phyllis Bottome. Houghton. $2.50.

Other Books and Articles:

C. Macfie Campbell: Psychology and Biography, *American Journal of Psychiatry*, March, 1931.
Joseph Collins: Taking the Literary Pulse, Chapter on Lunatics in Literature.
Louis J. Bragman: Psychiatry in Relation to Literature, *New York State Journal of Medicine*, October 15, 1931.
Henry Harper Hart: The Unhappiness of Genius, *Journal of Nervous and Mental Disease*, October and November, 1934. Bibliography: November, 1934, Vol. 8, pp. 557-73.
Fannie Teller: A Psychiatric Social Worker Looks at Literature, *The Survey*, October 15, 1929.
A Bibliography on Family Relationships: Flora M. Thurston, National Council of Parent Education, 1932, p. 211. Fiction Representing Problems in Family Relationships.
Groves and Blanchard: Introduction to Mental Hygiene, Chapter XIII, Mental Hygiene Aspects of Literature, pp. 343-371.

One Hundred and Fifty Years of Publishing—1785-1935 has been issued by Lea and Febiger of Philadelphia to commemorate their 150th year of publishing. Lea and Febiger are specialists in the field of medical publishing and the book is an interesting history of this firm.

DENTAL HYGIENE

The Bureau of Public Relations of the American Dental Association, 212 East Superior Street, Chicago, has published a set of four large very colorful posters for use in clinics, schools and class work. The set is a dollar (25 cents apiece) and has been approved by the U.S.P.H.S. The subjects of the posters are eating for sound teeth, cleaning, chewing, and visiting the dentist regularly.

The Dental Health Lecture, *Nature—Builder of Teeth*, which was shown as a sound motion picture in the Hall of Science at a Century of Progress, has been converted into a silent 16 mm. film and also into a stereopticon lecture. The stereopticon lecture is based upon the original film story. Accompanying the lecture are twenty-eight key pictures taken from the original film (consisting largely of animated drawings showing the growth of the teeth, jaws, and face), mounted on seventeen stereopticon slides. *Nature—Builder of Teeth*—in film or stereopticon form may be purchased or rented from the Bureau of Public Relations, American Dental Association, 212 East Superior Street, Chicago, Illinois. Film version rental price $1.00 per showing; $3.00 per week: plus express charges to and from Chicago. Purchase price $25.00. Stereopticon version rental price $1.00 per showing; $3.00 per week; plus express charges to and from Chicago. Purchase price $6.00.

CURRENT ARTICLES

Eye Health for Atypical Children. Lewis H. Carris. Your Eyes and You. Charles A. Bahn, M.D. Community Enterprise in Preventing Blindness. C. Edith Kerby. *Sight-Saving Review*, December, 1934.
Medical Care and Health Insurance. Michael M. Davis. *American Labor and Legislation Review*, March, 1935. 131 East 23d Street, New York.
Sickness Bills by Instalment. Mary Ross, Wayne County (Michigan) County Medical Society. *Survey-Graphic*, March, 1935.

For Industrial Nurses—Two articles in the January issue of *Industrial Medicine* of special interest are "Health Diagnosis in Adults"—A Study and A Demonstration conducted by the Ætna Life Affiliated Companies. This deals with the physical fitness service based on health diagnosis offered the employees and executives with the object of helping them to attain a higher standard of health, thus increasing their efficiency. The second article, "An Outline of the Industrial Skin Diseases," gives many helpful guiding points on occupational skin diseases.

For the protection of women workers, the Women's Bureau of the United States Department of Labor, has issued a bulletin (No. 94) on *State Requirements for Industrial Lighting,* showing lighting standards and practices in industrial plants. Superintendent of Documents, Washington, D. C. 10 cents.

A series of radio talks broadcast by the Baltimore City Health Department and the Medical and Chirurgical Faculty of Maryland, 1932-1933, have been published under the title "Keeping Well" for the purpose of making available to physicians, public health workers, and others interested in preventive medicine, certain brief essentials of the commoner every-day health problems. Bureau of Public Health Education, Baltimore City Health Department.

How many traffic accidents are caused by drunken or drinking drivers? Is the situation worse under Repeal than it was under Prohibition? What are states and cities doing to curb drunken driving? are some of the questions on which the National Safety Council (Chicago) gathered statistics for those who want an unprejudiced report of the effect of repeal on traffic accidents, untinged by either "wet" or "dry" sentiment. Four articles. Free.

REFERENCE READING FOR COLLEGE HEALTH PROGRAMS

Personal Hygiene for College Students. By D. Oberteuffer. Contributions to Education, No. 407, Bureau of Publications, Teachers College, Columbia University, New York City, 1930. $1.50.

Proceedings of the National Conference on College Hygiene. Held at Syracuse University, May, 1931. Sponsored by the Presidents' Committee of Fifty on College Hygiene, the National Health Council, the American Student Health Association. National Tuberculosis Association, New York City, 1931.

Status of Hygiene Programs in Institutions of Higher Education in the United States. By T. A. Storey. Stanford University Press, Stanford University, California. 1927. $1.50, paper $1.00.

Health Workbook for College Freshmen. By K. W. Wootten. A. S. Barnes, New York City, 1934. $1.50.

Health Education in College. By T. D. Wood. Teachers College, Columbia University, New York, 1927, reprint from the Proceedings of the American Student Health Association, December, 1927.

Outlines in Health Education for Women. By Bilhuber and Post. A. S. Barnes, New York, 1927. $2.00.

IN PERIODICALS

Bradshaw, R. W. Research in student health. *American Journal of Public Health and the Nation's Health,* November, 1929, 19:1229-34.

DeWeese, A. O. Health service in normal schools and teachers' colleges. *Nation's Schools,* October, 1929, 4:54-58.

Diehl, H. S. Health exams for college students. *Hygeia,* January, 1930, 8:51-54.

Dyment, B. S. S. The health program of colleges and universities. *Journal of Health and Physical Education,* June, 1933, 4:12-13, 46.

Heck, E. B. Survey of health conditions among medical students. *Journal of the Association of American Medical Colleges,* September, 1932, 7:309-22.

Henderson, Rose. Colleges and health. *Hygeia,* September, 1933, 11:777-79.

Stearn, E. W. Important factors in directing the health of the college woman, by E. W. Stearn and G. R. Mitchell. *American Journal of Public Health and the Nation's Health,* September, 1931, 21:984-88.

Venman, Ethel. A college health program. PUBLIC HEALTH NURSING, November, 1933, 25:610-11.

• The President's Committee on Economic Security has asked the following hospital authorities to act as an advisory committee on hospital problems: Dr. S. S. Goldwater, Commissioner of Hospitals, New York City; Dr. Frederic Washburn, Director of Public Institutions, Boston; Dr. W. S. Rankin, Director of the Duke Foundation, Charlotte, N. C.; Dr. Arthur C. Bachmeyer, Cincinnati General Hospital; Dr. Robin C. Buerki, Wisconsin General Hospital, Madison; Dr. Michael M. Davis, Julius Rosenwald Fund, Chicago, and Treasurer of the N.O.P.H.N.; Rev. A. J. Schwitalla, Catholic Hospital Association, St. Louis; Rev. C. C. Jarrell, Protestant Hospital Association, Atlanta; Robert Jolly, American Hospital Association, Houston; Dr. J. Rollin French, Western Hospital Association, Los Angeles; Dr. Winford H. Smith, Johns Hopkins Hospital, Baltimore; Dr. N. W. Faxon, Strong Memorial Hospital, Rochester.

• The Ninth Biennial of the New England Division of the American Nurses' Association will hold general sessions in Montpelier, Vermont, May 6-8. The Public Health Section will meet at the National Life Building, with Elizabeth Murphy of Concord, N. H., presiding. Speakers will include Mary Ella Chayer of Teachers College, New York, "New Emphasis on School Nursing as a Result of Recent Research," and Miss Haupt of the N.O.P.H.N., who will talk on "Recent Survey of Public Health Nursing."

• Public health nurses from twelve counties in the north of Florida gathered at Madison recently for training as lay instructors in Red Cross First Aid. This was the first of six such training institutes, planned to cover all of Florida. These nurses are all working under the Federal Emergency Relief Administration. Home hygiene is already well established in Florida under the Red Cross.

• Announcement is made by the Pennsylvania State Nurses' Association of scholarships for 1935, to graduate nurses, members of the Pennsylvania S.N.A. Particular consideration will be given to applicants who are prevented either by pressure of routine duties or any other cause, from undertaking or completing a study of value. The amount of loans will be adjusted according to individual circumstances, and recipients are not required to work at a university or college. Applicants may write to the Secretary, Marguerite C. Erxleben, the Children's Hospital, 18th and Bainbridge Streets, Philadelphia.

• "Make Maternity Safe" is the keynote of the campaign of the fifth Mother's Day, which falls this year on May 12. Nationwide efforts will be made to improve maternity care, and the Maternity Center Association, 1 East 57th Street, New York City, has offered to supply groups with suggestions for local programs, without charge.

• Some interesting figures come to hand from the Frontier Nursing Service, which during the nine years ending May 1, 1934, made 161,832 home visits, received 115,601 at clinics, delivered over 2,000 patients with on'y 48 stillbirths, and no maternal deaths due directly to obstetrical causes. At the close of the ninth fiscal year the Service was carrying 1,146 families. Among these were 256 babies, 1,139 preschools, 2,243 school children, and 2,337 adults.

• The American Dietetic Association has elected the following officers for 1934-35: *President,* Laura Comstock, Rochester, N. Y.; *President-elect,* Katherine Mitchell, Chicago; *First Vice-President,* Lute Troutt, Indianapolis;

Second Vice-President, Ruth Atwater, Washington, D. C.; *Secretary,* Beula B. Marble, Huntington Memorial Hospital, Boston; *Treasurer,* Ella M. Eck, Chicago.

The eighteenth annual meeting will be held at the Hotel Cleveland at Cleveland, October 28-31.

• Reginald M. Atwater, M.D., has joined the American Public Health Association as its Executive Secretary. He was formerly Commissioner of Health of Cattaraugus County, New York.

• The 39th Annual Convention of the National Congress of Parents and Teachers will be held April 29-May 3 at the Miami Biltmore Hotel, Miami, Florida. The program is based upon the theme, "Home—The Index to National Life." Convention speakers and conference leaders will contribute toward developing this theme.

• A National Conference on Maternity and Child Welfare will be held in London, England, from July 1-3. Emphasis will be placed, in this Conference, on the child from 2-5, and will provide interesting topics for discussion.

• At the sixteenth annual meeting of the Connecticut Board Members' Organization the following officers for 1935 were elected: *President,* Mrs. Clarence L. Clark, New Haven; *Vice-President,* Mrs. William M. Curtiss, Shelton; *Treasurer,* Mrs. Douglas M. Cruikshank, Stamford; *Secretary,* Mrs. Warren L. Mottram, Wallingford.

For the morning session, the Board Members' Organization joined the public health nurses to hear a summary of the findings of the committee on the grading of nursing schools given by Dr. C.-E. A. Winslow, of Yale University School of Medicine. Blanche Pfefferkorn, Director of Studies, National League of Nursing Education, and Margaret Reid, Educational Director of the Hartford Visiting Nurse Association, discussed the implications of these findings for schools of nursing, private duty nursing, and public health nursing.

The afternoon session was devoted to a discussion of "How to Make Board Meetings Interesting." Three-minute papers were given by representatives of five associations, with discussion from the floor following.

• The Michigan Board of Registration of Nurses will hold an examination April 25 and 26 for graduate nurses, April 25 for trained attendants, at the Book-Cadillac Hotel, Detroit, Michigan. All applications with fees must be on file in the office of the Board of Registration of Nurses, 200 Hollister Building, Lansing, not later than April 10. Mrs. Ellen L. Stahlnecker, R.N., Secretary.

• The Alumnæ Association of Mount Carmel Hospital School for Nurses, Columbus, Ohio, will have a homecoming the last of May. All graduates wishing announcements are requested to write to the secretary, Miss Marian Hennessey, 1560 E. Broad Street, Apt. 205, Columbus, Ohio.

APPOINTMENTS

Mary E. Davis, long familiar in public health nursing in California, and recently Field Agent of the State ERA there, has assumed new duties in the Canal Zone as Visiting Nurse. Succeeding her in California is Marion Hill, public health nurse from Contra Costa County.

Mrs. Margaret Coleman, as public health nurse for Essex County, New York.

Gertrude Cramer as health nurse of Crawford County, Ohio.

Fanny Jackson, Gladys Smith, and Florence King have been added to the Dallas County Health Staff, Alabama.

Anne L. Gallagher, as supervisor of Red Cross health work at Johnstown, New York.

Mrs. Harriet Hotell, as village nurse at Dobbs Ferry, New York, succeeding Maybelle Peverly.

Hilda Swett, as school nurse in Plymouth, Mass., to replace Susan McDonald, resigned because of ill health.

Mrs. Mary Keith Cauthorne, formerly State Advisory Nurse of the West Virginia State Department of Health, is now with the Indian Nursing Service in Alaska, stationed at Hoonah.